COUNTY BOROUGH OF DEWSBURY

ANNUAL REPORT

OF THE

PUBLIC HEALTH SERVICE

FOR THE YEAR

1949

BY

The Medical Officer of Health

(E. D. IRVINE, M.D., M.R.C.S., D.P.H.)

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J Ward & Co., Church Street, Dewsbury

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HEALTH COMMITTEE.

(as at 31st December, 1949).

Chairman—Alderman A. SUGDEN, J.P.

Vice-Chairman—The Mayor (Alderman M. SCARGILL, J.P.).

Alderman T. Lee, J.P.
Councillor J. Hartley
Councillor R. W. Blakey
Councillor F. W. Craven
Councillor H. Masterman
Councillor Mrs. E. Markham
Councillor T. Walker

HOUSING AND TOWN PLANNING COMMITTEE.

(as at 31st December, 1949).

Chairman—Councillor W. H. HOOPER, J.P.

Vice-Chairman—Alderman F. W. TONG

The Mayor (Alderman M. Scargill, J.P.) (*ex-officio*)
Councillor F. Fox
Councillor J. R. Kershaw
Councillor C. W. Boothroyd
Councillor Mrs. A. Dyson
Councillor J. E. Brown
Councillor J. Hartley
Councillor W. West, J.P.

STAFF OF THE HEALTH DEPARTMENT, 1949.

Medical Officer of Health—
E. D. Irvine, M.D., M.R.C.S., D.P.H.

Deputy Medical Officer of Health—
T. G. Galvin, M.B., B.Ch., B.A.O., D.P.H., L.M., B.Sc. (Resigned 30/9/49).

Assistant Medical Officers of Health—
†Mary Doreen Fox, M.B., Ch.B.
Norah A. Hodgkinson, M.R.C.S., L.R.C.P.

Consultant Orthopaedic Surgeon—
*J. M. P. Clark, F.R.C.S. (Resigned 31/12/49).

Consultant Ophthalmic Surgeon—
*W. Oliver Lodge. F.R.C.S., (Ed.), D.O.M.S. (Resigned 23/6/49).
E. S. Tan, M.B., Ch.B., D.O.M.S. (From 14/7/49).

Senior Dental Officer—

A. G. Smith, L.D.S., R.C.S. (Eng.), (Resigned 14/3/49).
J. R. Tuxford, L.D.S. (From 1/6/49).

Dental Officer—

H. V. Smail, L.D.S. (Resigned 6/5/49).
(2 vacancies).

Chief Sanitary Inspector—

H. Haworth, M.S.I.A., Cert. S.I.J.B., Cert. Meat Ins., Cert Sanitary Science.

Deputy Chief Sanitary Inspector—

F. T. Harrison, M.S.I.A., Cert. S.I.J.B., Cert. Meat Ins., Cert. Smoke Ins., Cert. San. Sc., Cert. Inst. San. Eng.

District Sanitary Inspectors.—

J. Pester, M.S.I.A., Cert. S.I.J.B., Cert. San. Sc., Cert. Meat Ins., Cert. Smoke Ins., Cert. Inst. San. Eng. (Resigned 30/9/49).
W. F. Weller, M.S.I.A., Cert. S.I.J.B., Cert. Meat Ins., Cert. Smoke Ins.
D. H. Bradbury, M.S.I.A., Cert. S.I.J.B., Cert. Meat Ins.
W. Gilchrist, M.S.I.A., Cert. S.I.J.B., Cert. Meat Ins.

Eightlands Day Nursery—

Matron—S. H. Lee, S.R.N. (Resigned 31/3/49).
J. Eastwood, N.S.C.N. (From 1/4/49).

Ravensthorpe Day Nursery—

Matron—C. Whiteford, S.R.F.N. (From 15/3/49).

†Dr. Fox is an officer of the Hospital Management Committee : 49% of her salary is paid by the corporation on account of corporation maternity clinics.

Health Visitors—

K. Mahon, S.R.N., S.C.M., Health Visitors' Certificate.
I. Garton, S.C.M., Health Visitor's Certificate.
D. J. Lawlor, S.R.N., S.C.M., Approved Health Visitor.
D. Parker, S.R.N., S.C.M., Health Visitor's Certificate.
J. Steel, S.R.N., S.R.F.N., S.C.M., Health Visitor's Certificate.
C. Petrie, S.R.N., S.C.M., Health Visitor's Certificate.
K. M. Walsh, S.R.N., S.C.M., Health Visitor's Certificate.

Temporary Health Nurses—

C. Whiteford, S.R.F.N. (Resigned 14/3/49).
H. Barker, S.R.N., S.C.M.
*N. Doran, S.R.N., S.R.F.N., S.C.M.
M. Herdson, S.R.N. (From 7/3/49 to 13/12/49).

Student Health Visitor—

C. Balmforth, S.R.N., S.C.M. (From 4/10/49).

Supervisor of Midwives—

M. CORRIN, S.R.N., S.C.M., M.T.D.
(Matron, Moorlands Maternity Home).

Municipal Midwives—

N. CROFT, S.R.N., S.C.M.
M. HAMMERTON, S.C.M.
M. E. LANCASTER, S.C.M.
E. H. SPENCER, S.C.M.

Tuberculosis Care and After Care Visitor—

N. CLARK, S.R.N. (Resigned 22/2/49).
F. GLOAG, S.R.N., T.A. Cert. (From 4/4/49).

V.D. Social Worker—

*G. E. DAVIE, S.R.N., S.C.M., Health Visitor's Certificate.

Authorised Officers and Mental Deficiency Visitors—

*H. ROBERTS.
*H. A. WILMAN.
*N. DORAN, S.R.N., S.R.F.N., S.C.M.

Mental Health Worker—

K. CHAFFER (From 2/5/49).

Borough Analysts—

*F. W. RICHARDSON, F.I.C.
*F. W. M. JAFFE, B.SC., F.I.C.

Chief Clerk—

E. AUTY, C.R.S.I.

Clerical Staff—

H. TRANMER, D.P.A.
W. E. LLOYD.
H. WOOD.
W. FIRTH.
Miss D. NODDINGS.
Mrs. E. SMALLWOOD.
Miss M. PARKER.
Miss D. BEEVERS.
R. T. POLLARD.
A. CLOUGH.
Miss J. ARCHER.

*Part-time.

ANNUAL REPORT, 1949.

HEALTH DEPARTMENT,
DEWSBURY,
July, 1950.

To the Chairman, and Members of the Health Committee.

MR. CHAIRMAN, AND GENTLEMEN,

I have the honour to present the report on the health of the town and the work of the Council's health services for 1949.

The Figures for 1949.

Vital Statistics

According to the Registrar General's estimate, the population of Dewsbury increased slightly to 52,740. Despite a known natural increase (excess of live births over deaths) of 6,530 since 1910, when the Borough reached its present size in area, the population increase according to the Registrar General's estimate has been only 1,516. The number of war service deaths in the last war is not likely to have exceeded 350 and in the 1914 war 1,000. Clearly if these figures be accepted there has been a net loss by emigration to other parts of the country or abroad of about 3,500. The census of 1951, which will give factual information and not estimates, is therefore of great importance to the town.

The live birth rate of 19·2 per thousand population was well above the national rate (16·7) but showed a slight decline on the local rate in recent years. The still birth rate 21·4 per 1,000 total births was less than the national figure and also an improvement on last year's rate in Dewsbury. The death rate, 14·5 per 1,000 population, was above both the national rate (11·7) and the town's 1948 death rate (13·2), the increase being mainly in heart disease, " strokes " and in respiratory diseases including influenza. Just over three-fifths of all the deaths were in persons over 65 years of age and rather less than one-fourteenth occurred between the ages of 1 and 45. The infant death rate of 31 deaths of infants under one year of age per 1,000 live births was the lowest by far on record in Dewsbury and slightly lower than the national figure. Although less than a fourth of the infant mortality rate forty years ago in this town, it is still capable of improvement. The deaths from diarrhoea under two years of age numbered three, or a third of those in 1948, which was a bad year here.

Tuberculosis

The notifications of cases of pulmonary tuberculosis have shewn in recent years a gradual decline although there was a small increase in 1949 : the notifications of non-pulmonary tuberculosis have however shewn an increase in the last three years, which is disturbing.

Acute Infectious Disease

Among the acute infectious diseases the most notable occurrence was poliomyelitis which struck the Calder Valley quite early and severely. Dewsbury's first case (diagnosed retrospectively) occurred in April. The first case recognised in life occurred towards the end of May. In all 31 persons were affected including two who had gone out of the town temporarily but were probably infected here, and two diagnosed retrospectively (and therefore not with certainty). Including these two fatal cases there were six deaths. Whooping cough was most prevalent in the first quarter, measles in the second and scarlet fever in the last. Food poisoning caused one quite sharp outbreak of gastro-enteritis, pork pies affecting 22 people in Dewsbury and about an equal number in an adjoining borough, another town in South Yorkshire also being heavily involved. On this occasion, by courtesy of the B.B.C. a warning was put out during the evening programme and a few people were thereby prevented from eating the affected food. In another instance a family were involved along with many others not residing in Dewsbury : the outbreak was attributed to ice cream bought and eaten many miles away. One of the victims was a milk worker and for some time he was put off work as a precautionary measure.

It is gratifying to be able to record that the council decided during the year to make available free washing facilities with hot and cold water and paper towels in two of the central public conveniences ; unfortunately in both, access to the W.C's. is controlled by a penny in the slot admission gate. In all the public conveniences where this gate arrangement is not in being, the council have made at least one W.C. available free of charge.

Smallpox vaccination in Dewsbury has now almost ceased to be done. Diphtheria immunisation is making slow headway but diphtheria is not quite extinct yet. B.C.G. vaccination has not yet begun here.

Housing

The housing statistics which I am required by the Ministry to include are set out on page 38.

Factories

Similarly the statistics relating to factories are set out on page 99.

Water

The water supply was satisfactory and unlike many neighbouring towns Dewsbury did not have to restrict its supply during the dry summer though the position caused anxiety.

Milk

It is estimated that 90% of the 4,000 gallons of milk supplied daily to the people of the town is pasteurised. All milk supplied in schools is pasteurised.

Morbidity Statistics

In November the Ministry of National Insurance commenced to send us weekly returns of the number of applicants for sickness benefit, a measure (if imperfect) of the incidence of

sickness, in the town : compared with the national figures no striking differences were found.

General Comment.

Duties of the Council

It should be clearly understood that the functions of the Council as a public health and a local health authority are to modify as favourably as possible the environment of the community, the family and the individual ; and also to offer all the publicly organised personal health services which can contribute to the maintenance of health in the individual within his community, by his conscious and willing co-operation.

Environmental Hygiene

It is worth recalling that in environmental hygiene we have still much to do.

Housing

The housing situation is as everyone knows disastrous. Overcrowding is commonplace. Frankly we do not know the extent but we know it is serious. It conduces to the spread of droplet infections, to accidents in the home and it causes frustration and misery. Housing conditions in poor parts of the town are very bad though not worse than in many other industrial towns. It is estimated that less than half of the houses have fixed baths and a quarter of the houses are back-to-back.

Smoke

Smoke and fumes still pollute the atmosphere : there is no doubt the anxiety felt about this in the Savile Town area is genuine and indeed justified. The Council has been unable to proceed as it would wish in this matter because of the Alkali Acts. But there is good reason to believe that an improvement will be experienced this year as the result of certain reconstruction in a chemical factory from which the fumes have admittedly been issuing. If there is one thing which Dewsbury should do, it is to give unremitting attention to the problem of atmospheric pollution, the deposit of which in some parts of the town equals 250 tons per square mile per year. England is much less severe on industrial smoke than many of the other countries notably America and Canada. I consider the byelaws on factory smoke should be made more effective, *e.g.*, by substituting for a time limit on dense black smoke emission a total-effect limit over a period, estimated by the use of colour charts which would take into account all smoke produced during the time of observation. Alternatively a reduction of the present time limit of three minutes per half hour permitted black smoke to two minutes might be useful. One shudders to think what Dewsbury must have been like in 1911 when according to Dr. Halliwell (M.O.H.) in his annual report (page 30), Dewsbury considered 10 minutes in the hour reasonable for black smoke emission from a factory chimney. In that year Mr. W. H. Casmey of Leeds gave an address during a health week in Dewsbury on " Dense black Smoke, its causes and cure." Dr. Halliwell tells a story " A few weeks ago, having occasion to call

at one of our large factories, I pointed out to the one in charge of a department that the mill chimney was emitting dense black smoke, and had been doing so for a very considerable time. He quite agreed that it was bad, and said, 'I can stop that.' On asking how, he said, 'I will go and tell the fireman that the chimney is being watched.' He went, and the only answer he got was, 'I don't care a ——— who's watching t'chimney, they should a' watched it yesterday and then they'd a' seed summat.' The rugged answer compels some admiration, but of course the underlying outlook was selfish and stupid : I believe that attitude is gone. We have been frustrated in our efforts towards smoke abatement by the war, and by the difficulties of the fuel situation. I do not accept the view that domestic smoke is a greater curse than industrial pollution from industrial chimneys—it is a useful excuse for industrialists ; for atmospheric pollution from industrial chimneys with its high sulphur dioxide content is probably much more irritant to the lungs than is domestic smoke. The National Smoke Abatement Society states that rather more than half the estimated annual 2½ million tons of national smoke comes from domestic chimneys but less than a quarter of the estimated annual 5 million tons of sulphur dioxide polluting the atmosphere comes from this source, nearly half coming from industry, a tenth each from railways and power stations, and a fifth from carbonisation (gas works, coke ovens, coke, etc.). There are about 11 million houses in the country and a quarter of a million factories. How many chimneys there are, I do not know. Probably the sulphur dioxide in the atmosphere is a factor in causing bronchitis, and atmospheric pollution *may* be a factor in causing carcinoma of the lung but that is by no means proved. Now one habit, both objectionable and dangerous and which may owe something to the smoke in the atmosphere, of which I have previously spoken is spitting in the streets. In 1911, Dr. Halliwell, the then Medical Officer of Health, advocated a bye-law against the spitting nuisance in public streets and places, having in mind the risk of consumption. It is a sad reflection on our educational progress that spitting in the street is still extremely prevalent in this town.

Epidemiology

The infectious diseases though on the whole less dangerous than formerly, partly because of advances in medical treatment, are by no means totally conquered. Food poisoning is still increasing and Dewsbury has had one sharp reminder of its importance in 1949. Dysentery is common. Colds are highly infectious and universal. There are many diseases which are probably infectious but are not yet notifiable. Every doctor knows there are many apparently minor disorders, respiratory infections in particular, which cannot readily be labelled but which spread among the children of the house. Jaundice is frequently due to an infectious inflammation of the liver. Rheumatism in children is probably a mildly infectious disease.

Poliomyelitis has struck hard in this country in 1947 and 1949, as this valley well knows. Diphtheria is not extinct as one family in Dewsbury recently discovered. Tuberculosis, though generally a chronic disorder and not acutely infectious, is nevertheless, an infectious disease and in both its pulmonary and non-pulmonary forms is still taking considerable toll of health and life. Much remains to be done in its prevention.

Deaths from violence, deliberate and accidental, exceeded in Dewsbury last year those from the acute infectious diseases. Some at least are avoidable. We know that there are other diseases which are materially influenced by environmental circumstances and possibly by social factors, *e.g.*, one type of heart disease.

Personal Health Services

Turning now to what are called the personal health services, provided under the National Health Service Act 1946, these showed a natural development during this second year of what may be called a new era in health work, and the details of the work done is set out in the text of the report. It seems to me that the sections of the Act which offer most hope of progress are those dealing with maternity and child welfare, with health visiting, with the prevention of disease, care and after care and with mental ill health. I venture to make a few remarks here on these subjects because there are difficulties in the way and we must try to make clear our objectives.

I do not under-estimate the importance of home nursing and home help which are powerful adjuncts in the home care of the sick and the aged, and which can help the hospitals by enabling some to be nursed at home who would otherwise have to enter hospital. As the Council propose by agreement with the Dewsbury County Borough Nursing Association to administer directly the Home Nursing Service, I have included as an appendix (page 112) a short account of the Association's history.

Maternity and Child Welfare

The care of the unborn child represents the very highest form of environmental care ; the care of the mother and baby represent the most noble application of the nation's power. I often think that whilst gaining much in the physical care of the infant we may have lost something as regards its emotional development. Because despite all that is said, the mother's natural maternal instincts are not bad guides in her relationship with the child, which forms an important basis for the emotional development of the infant. And the interposition of rules and regulations, and of the view points of a third person between the mother and the baby is a possible danger to the total expression of maternal love, and the establishment of the essential unity of the mother and child. Sir James Spence has been quoted as saying that state care may perhaps be altering in some subtle way the family pattern. One of our major problems is how to preserve the family unity and integrity and at the same

time secure to the family that is handicapped either physically, mentally or financially, a reasonable degree of support by public services. Perhaps nature's weaklings cannot have the best in this life but we must deny the philosophy that would " let them go to the wall." But certainly if parental influence is weakened, however well-intentioned the motives of those who contribute to this weakening, family stability will suffer and the children will have confused loyalties, the seed of conflict. All who work with the mothers should be very well aware of the limitations of their own knowledge, and be very conscious that their purpose is humbly to offer help and not to impose the guiding hand. We do not here regard high numbers of attendances as the ultimate test of a clinic's usefulness nor a great number of visits as the mark of diligence of a health visitor. It is in the quality of help afforded to those who need it most, that health visitors should search their consciences.

And it is the view of those who work in the health department that Dewsbury mothers look after their children exceedingly well.

So far the Act has had little effect on the practice of domiciliary obstetrics in the town. Only a very small number of mothers do not attend ante-natal clinics but the proportion is increasing slightly. Very much the same proportion of mothers had their babies at home as in previous recent years. Of the 54 family doctors practising in the town 38 are on the obstetric list, *i.e.*, are providing maternity medical services, and of these 14 live in the town.

You have not yet been able to provide a hostel for expectant and nursing mothers.

Dental Service

The Council's dental service for mothers has pretty well collapsed but we do not know how far it would be true to say the mothers are not getting necessary dental care from private dentists. We do know the school children are not getting it and it is probably true that the mothers are not getting it either. Our dental educational work which, up to the inception of the National Health Service act, was making steady if unspectacular progress has been seriously prejudiced.

Day Nurseries

The high cost of day nurseries has focused attention on their functions and usefulness. The relationship of staff numbers to the number of children cared for has caused some anxiety as to whether or not nursery provision is justified in view of their heavy cost (about £3 1s. 4d. per week per child attending). At present government policy requires these nurseries on account of the need for expanding the export trade. From the public health viewpoint the function of a day nursery is to provide a satisfactory environment (so far as this can be achieved for a young child away from its mother) for the child

in social difficulties—for example (*a*) whose mother has to go to work, or (*b*) whose home conditions are so appalling that a day nursery is preferable to its home or (*c*) where lack of contact with other young children may be causing evident maladjustment (usually in the rather older pre-school child) or (*d*) whose mother is temporarily incapacitated (by illness, confinement, etc.) and there is no one else satisfactorily to care for the infant. These are the true justifications for day nursery care, and then the expensive provision necessary is justified in the interest of the child. Care in a well run nursery is much better than unsatisfactory child minding.

Dewsbury Day Nursery, one of the oldest in the North of England was opened in 1913 to assist the women textile workers of the area ; only the babies of mothers who, because of financial necessity had to go to work were admitted. In those days the nursery (owned by a Voluntary Committee) was open from 5-30 a.m. to 6-30 p.m. except on Saturdays when it closed at 1-0 p.m. : children from 4 weeks to 4 years of age were admitted, the charge being 8d. per day (6d. on Saturdays). Mothers who breast fed their infants could attend for half an hour in the middle of the day, and in that event only 6d. was charged : the mother so attending could have a plain dinner for 3d. To-day the Eightlands Nursery (which was taken over by the Corporation by agreement, in 1942) and the Ravensthorpe Nursery are open from 6-30 a.m. to 6-0 p.m., are not open on Saturdays, and the daily charge is one shilling (worth not more than 4d. in 1913). Even in 1913 the charges were considered high though it was said some mothers paid more for unsatisfactory child minding. The Dewsbury Day Nursery removed to its present home (Eightlands) in 1916 and from then on some children were temporarily received in residence because of illness of the mother and other reasons, a provision which has continued intermittently until quite recently. There is still a need for such residential accommodation, and under the terms of the Children Act the Council are dealing with the problem.

Health Education

Dewsbury undertakes all the usual forms of health education and the health visitors and school nurses, in particular, but indeed all the professional members of the staff are well aware that they have special personal opportunities and duties in this field. Much the most important question is that of nutrition ; we must indicate which foods are more desirable and which less, the need for variation in the dietary, the balance of different components, the preparation and presentation of food, the economics of the diet : and yet leave the listener or the reader with the idea that enjoyment of food is of first importance. If people are well fed they can stand a great deal in adverse circumstances. Mental hygiene is a complex subject and we have to be very careful in our approach. But if people are well fed and mentally well-adjusted they are secure in two of the

main foundations of health. There is still need for education of food handlers, and perhaps it is too little remembered that every housewife is a food handler, every milk boy, every canteen worker, every grocer, every butcher, baker, sweet and ice cream dealer. There are very many, and some do not understand the importance of personal hygiene. Mr. Haworth has contributed in an appendix, a note on dishwashing in canteens, which deserves notice. I have contributed to the local papers, occasional short articles of public health interest, which I hope may have expressed a sensible attitude to infection and other diseases and may have directed attention to some of the problems the public must themselves face. But only if the people have the will as well as the knowledge, will they do what they should to preserve and improve their health.

Prevention of disease, Care and After-care

The public health service has always been mindful of its duty to prevent disease. The after care of recently ill persons is a new function and if it is to be done properly the most cordial co-operation between the hospitals, the general practitioners and the health department is essential. In Dewsbury we are fortunate ; the hospital management committee and the executive council have been most co-operative but even so it takes time to implement the Council's proposals for after care. In a vast change in the system of medical care such as we have experienced under this Act we cannot expect there to be from the outset, complete orderliness and progression. As Sir George Newman pointed out in the post-Great-War period when the local authority medical services were expanding greatly there was inevitably in such a period of expansion, a phase of apparent disorder followed by consolidation and synthesis. We have not yet adequately begun to carry out any effective system of helping from public resources those who have suffered serious and possibly recurrent illness.

Tuberculosis

Tuberculosis, as a major public health community problem naturally comes first to mind and the Council has serious obligations to the tuberculous and their families. Contacts, housing defects, over-crowding, sleeping accommodation, nutrition, milk supplies, occupation, income, all must be reviewed. The Council's favourable consideration of applications for rehousing of tuberculosis patients in bad housing conditions is one contribution to their welfare and that of their families. We have not commenced B.C.G. vaccination against tuberculosis here because the Regional Hospital Board have not been able until mid 1950 to appoint a chest physician to the hospitals in the area. This vaccination seems to be the main hope of preventing tuberculosis in young persons who have perforce to live in close contact with cases of open tuberculosis. The need for isolation of infants whilst they are being immunised will certainly require consideration. I have pointed out that non-pulmonary tuberculosis appears to be increasing locally despite a rising proportion

of milk pasteurised : not all non-pulmonary tuberculosis is due to bovine tuberculosis, some is spread from person to person.

Mental Health

The prevention of mental illness and the care and after care of mentally ill and defective persons is the second duty laid on Local Health Authorities by the minister under Section 28 of the Act. There is no more difficult nor important task. It is said that of every 100,000 in the population 750 are mentally defective, 660 suffer from psychosis, 770 from neurosis and a further 400 suffer from severe nervous debility ; and that neurotic illness accounts for about one-quarter of all general sickness. It has been shewn in one large " sample " that 10% of factory workers suffered from temporarily disabling neurosis and 20% from minor neurotic disorder. There are 150,000 persons in mental hospitals in this country.

We cannot be sure in our present state of knowledge how to prevent all this illness ; inherent constitutional factors and environmental stresses must play their part ; organic disease too, some of it preventable, also contributes. We believe that early experiences in childhood are of importance : the happy home, which is not necessarily the home of riches, is most necessary. Satisfactory breast feeding is probably one contribution to emotional stability, which is greatly neglected in areas where women go out in numbers to work. (In Dewsbury only 1 in every 2 babies is completely breast fed for a month and only 1 in 3 for three months). Contacts with other children, preferably in the home and opportunities for play and self expression in decent surroundings are essential. We do not fully comprehend the magnitude of the problem of helping sufferers in the early stages of mental distress nor how we can best contribute to its solution. We must beware lest scientific or pseudo-scientific interference militates against the mother-baby relationship. We must allow the child to match his developing skills against the tools and toys that serve them. We must offer child guidance facilities to children who shew emotional imbalance. Parents and teachers (who stand for such long periods in loco parentis) must be helped to understand the problem child : the all consuming need is for kindness and understanding. We must study the social needs of the people and where the situation seem too hard to bear, social work may be of value : even the interview by a trained social worker with a knowledge of mental health problems may help the sufferers to an extent not immediately recognised : the purposive direction of activities, inspired by such interviews, may mark an important phase in the patient's recovery. If we know but little we know there is much to be done. The skilful and balanced psychiatrist is needed to organise and guide this service, which working in the homes, and indirectly perhaps in the factories, aims at the correction of early departures from the normal—a cardinal principle in any programme of preventive

medicine. When a patient enters the mental hospital, the social worker can often obtain information to assist the hospital staff in their diagnosis and treatment. The patient who has been in hospital on account of mental illness needs sometimes social adjustments on his return to a world which while generally sympathetic may yet be critical, inquisitive and even suspicious ; corresponding attitudes may equally be evident in the patient. After care by the Authority is therefore of great importance and a satisfactory co-ordination between the mental hospitals of the area and the Authority is all important ; the contact of the mental health worker with the hospital, and his seeing the patient in advance of discharge ensures a much better probability of effective help after discharge.

The Local Health Authority must consider carefully how far it can and will carry out its duties. You appointed a mental health worker in May ; and asked the Regional Hospital Board for the part-time services of a psychiatrist but so far without avail ; you have seconded your mental health worker to serve part-time in the child guidance centre controlled by the Education Committee ; you have arranged with the Hospital Management Committee for his attendance at the weekly psychiatric out-patient sessions to assist in case history work under the direction of the psychiatrist. Approaches have been made to the doctors, hospitals, the health visitors, clergy, employment exchange and others with a view to offering help so far as it can be offered to all who may need it. Sensational results cannot be expected and it will take time to develop this new service and even longer to appraise its value.

Unfortunately you have not yet been able to provide an occupation centre, the most important need here for ineducable mentally defective children.

After care cannot be limited to tuberculosis and mental illness : It has been shewn in Cardiff and nearer home in Mexborough that after-care for diabetics, gastric ulcer cases and many others can be of great assistance to the patient and to his doctor. The after care of children is obviously very important, and the collation in the health office of information about the hospitalisation of children is now (1950) becoming comprehensive. Convalescence at the seaside or in the country is a useful form of after care : and it is surprising how little request there has been for consideration in this regard. I have arranged when we have information suggesting the need for after care that the health visitor will get in touch with the private practitioners and work under their guidance. The health visitors can do much for old people too : it is essential in all this work that the medical or rather nursing knowledge of the nurse shall be linked with a comprehensive knowledge of and a leaning to social work, and she should have a detailed knowledge of the social services available, both voluntary and official, both local

and national. Their functions have greatly widened since nearly 40 years ago when they were introduced to Dewsbury, succeeding child welfare nurses known then as Town Matrons, to which an etched window in the Town Hall still bears witness.

Very much more could be said but I have said enough. The work of the Authority and our interpretation of the figures must be read in the following pages.

Co-ordination

The co-ordination of the work of the Council as a Health and Education Authority with that of the hospitals, and of the Executive Council has been made the more effective because of the interlocking of the membership of the different authorities. Members of the Council's Health committee and your Medical Officer of Health have been members of the Hospital Management Committee No. 11 which manages the hospitals in this area, and also of the Dewsbury Executive Council.

The health department has profited from the cordial relationships which exists between the Council and the Hospital Management Committee and the Executive Council and it owes much to the helpful attitude of the respective chairmen (Mr. F. W. Watkinson, J.P. and Alderman W. Holdsworth, J.P.) and the chief officers (Mr. F. W. Batchelor and Mr. J. W. Milton). We have enjoyed a friendly relationship with the doctors in the town and that I regard as fundamental to success in preventive medicine.

The Town Clerk and the other chief officers of the Council have always been most helpful ; we have had close and friendly relations with the Welfare Services and Childrens' Departments. My own staff, professional and clerical, have done most of the work and have compiled the figures used in this report ; my deputy Dr. Galvin and my Chief Clerk Mr. Auty have given me the greatest assistance.

It remains but to thank you Mr. Chairman, and Gentlemen, for your very constant support. I cannot imagine anyone receiving kinder treatment from a committee than I have enjoyed since coming to Dewsbury. You and I know there is much that is not yet right, that there is very much to be done, that there is much we have not yet tackled and much in which our efforts have not yet succeeded. If there were no difficulties it would be hard to measure progress. The health of the people as a whole is improving all the time : the annual reports of which this is one bear testimony to that. The Local Authority is even now not the least important agency of the people towards that end.

I am,

Your obedient servant,

E. D. IRVINE,

Medical Officer of Health.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres)	6,720
Estimated civilian population (Mid. 1949)	52,740
Number of Inhabited Houses (end of 1949)	16,604
Back-to-back houses	approx. 4,100
Houses without water carriage system	171
Rateable Value	£306,105
Product of a penny rate	£1,206/15/8

I am indebted to the Borough Treasurer (Mr. A. E. Richardson) for the financial statement below, showing the approximate cost of the health services for the year ending 31st March, 1950.

Public Health Service.

Sanitary Services	£,6720

Local Health Services.

(Net cost before deduction of Government Grant).

General Administration		£811
Section 22.	Care of Mothers and Young Children ...	£13,409
Section 23.	Midwives Services	£2,519
Section 24.	Health Visitors	£4,167
Section 25.	Home Nursing	£2,101
Section 26.	Vaccination and Immunisation... ...	£508
Section 27.	Ambulance Service	£7,963
Section 28.	Prevention of Illness. Care and After Care	£2,883
Section 29.	Home Helps	£2,253
Section 51.	Mental Health Services	£2,306
Section 21.	Health Centres	—
	Total	£38,919

Vital Statistics.

	1949			1948
	Male	Female	Total	Totals
Number of Live Births :				
Legitimate	511	429	940	967
Illegitimate	34	37	71	48
TOTAL	545	466	1011	1015
Number of Still Births :				
Legitimate	9	11	20	23
Illegitimate	—	3	3	1
	9	14	23	24
Total Number of Births, Live and Still :				
Legitimate	520	440	960	990
Illegitimate	34	40	74	49
	554	480	1034	1039
DEATHS	363	404	767	692
Deaths (under 1 year) :				
Legitimate Infants ...	16	13	29	36
Illegitimate Infants ...	1	1	2	5
TOTALS	17	14	31	41

Comparison of Vital Statistics, Dewsbury and England and Wales, 1949.

	Dewsbury 1949	England & Wales	126 County Boroughs & Great Towns	Dewsbury 1948
Rate per 1,000 Population :				
Live Births	19·17	16·7	18·7	19·32
Still-births	0·44	0·39	0·47	0·46
Annual Death Rate per 1,000 Population :				
All causes	14·54	11·7	12·5	13·17
Typhoid & Para-typhoid fevers	0·02	0·00	0·00	0·00
Scarlet Fever	0·02	Not Available		0·00
Whooping Cough	0·00	0·01	0·02	0·02
Diphtheria	0·00	0·00	0·00	0·00
Influenza	0·15	0·15	0·15	0·04
Small pox	0·00	0·00	0·00	0·00
Measles	0·02	Not Available		0·00
Pulmonary Tuberculosis ...	0·23	0·45	0·52	0·25
Non-Pulmonary Tuberculosis	0·11			0·09
Still-birth rate (per 1,000 live and still-births)	22·24	Not Available		23·10
Rate per 1,000 Live Births :				
Diarrhoea & Enteritis Deaths (Under 2 years)	2·97	3·0	3·8	8·87
Deaths under one year ...	30·66	32	37	40·39
Maternal Mortality Rate per 1,000 Total Births :				
Abortion with sepsis ...	0·00	0·11	Not Available	0·00
Abortion without sepsis ...	0·00	0·05	„	0·00
Puerperal infections ...	0·00	0·11	„	0·00
Other maternal causes ...	0·00	0·71	„	0·00
All puerperal causes ...	0·00	0·98	„	0·00

Population.

1931 Census—54,303.

The Registrar General estimated the civilian population in 1949 to be 52,740 an increase of 220 on the total for 1948.

The natural increase of the population (excess of live births over deaths) was 244.

POPULATION.—DEWSBURY COUNTY BOROUGH.

	AGE GROUP																					
	0—4		5—14		15—19		20—24		25—34		35—44		45—54		55—64		65—74		75—84		85 & Over	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Census 1911	2327	2310	4607	4667	2210	2470	2276	2713	4441	5022	3782	4133	2769	3226	1779	2010	884	1192	182	316	10	25
Census 1921	2258	2275	4574	4578	2218	2439	2003	2574	3764	4777	3791	4336	3380	3617	2114	2490	979	1314	225	405	11	43
Census 1931	1928	1893	4236	4179	2285	2385	1950	2300	4020	4647	3420	4370	3380	3837	2605	2934	1301	1730	285	517	27	73
R.G.'s. estimate 1947 ...	2339	2224	3457	3406	1192	1622	1437	1715	3777	4042	3728	3937	3227	4066	2666	3365	1793	2392	566	859	47	143

TOTALS		M.	F.	Totals.
	1911	25276	28084	53351
	1921	25317	28848	54165
	1931	25437	28865	54303
	1947	24229	27771	52000

Number in Different Age Groups per 1,000 Population.

	0—4		5—14		15—44		45—64		Over 64	
Census	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1911	44	43	86	88	238	269	85	98	20	29
1921	42	42	84	84	218	261	101	111	22	33
1931	36	34	78	77	215	252	110	125	30	43
1947 (R.G.'s. Est.)	45	43	67	66	195	218	111	143	46	65

These tables shew the changes in population since 1911 ; the 1947 figures are estimates but we can accept them as based on reliable information (food office returns, births, deaths, etc.).

It will be noted that although the total population has not changed greatly, the population in the age group under 5 years is almost as high as in 1911 due to the high post-1939-war birth rate : the rest of the table shews however the effect of the steadily declining birth rate in the present century (with the exception of the immediate post war periods). In 1947 the number of persons over 65 years of age was twice, and over 85, five times as many as in 1911. As is usual the female sex predominates in all the higher age groups. The decline, relatively, in the number of women of child bearing age is quite noticeable and significant.

Occupations.

The chief occupations in Dewsbury are in the woollen trade, and its associated industries, workshops, the distributive trades, coal mining, and cleaning and dyeing. Female labour is important in the heavy woollen industry of which Dewsbury is the principal centre.

Unemployment.

I am indebted to Mr. Dixon, Manager of the Dewsbury Labour Exchange for the information given below :—

The following are the figures for the number of registered unemployed in Dewsbury during 1949 together with notes regarding the employment of registered disabled persons.

Register of Wholly Unemployed Workers.

1949	Male	Female	Total
March	107	...	107
June	126	1	127
September	114	3	117
December	136	2	138

Of the number unemployed at the end of the year 102 had been unemployed for less than eight weeks. The remainder were mainly disabled persons or men in the higher age groups.

Demands for labour have been heavy throughout the year and foreign workers have been imported, mainly for employment in the Woollen Textile Industry. Accommodation difficulties have prevented any large scale importation of labour, consequently a considerable number of notified vacancies, mainly for women and young persons, remained outstanding at the end of the year.

The number of persons in the Dewsbury area registered under the Disabled Persons (Employment) Act, 1944, at the end of 1949 was 845 of whom 29 were registered as unemployed.

During the year 134 disabled persons were placed in employment under ordinary industrial conditions and 6 were placed in sheltered employment at the Remploy Factory, Wakefield.

Birth Rate.

In 1949 the number of live births, 1,011 was 4 less than in 1948, giving a birth rate of 19.17 per 1,000 population compared with the previous year's rate of 19.32.

The birth rate for England and Wales was 16.7 per 1,000 population for 1949.

The birth rate and maternal mortality rate for Dewsbury during the previous ten years were as follows :—

	Birth Rate	Maternal Mortality Rate
1938	14.2	... 3.83
1939	14.4	... 5.08
1940	14.9	... 6.31
1941	14.7	... 6.31
1942	17.3	... 1.14
1943	18.7	... 1.07
1944	20.8	... 1.8
1945	18.1	... Nil.
1946	20.4	... 1.90
1947	23.9	... 2.41
1948	19.3	... Nil
1949	19.2	... Nil
10 year average (1940-1949)	18.7	... 2.1
5 year average (1945-1949)	20.2	... 0.86

Death Rate.

In 1949 the number of deaths was 767 an increase of 75 compared with the previous year and the death rate was 14.54 per 1,000 population compared with 13.17 in 1948.

The death rate for England and Wales in 1949 was 11.7 per 1,000 population.

The following Table gives an Analysis of the Causes of Death :

Causes of Death 1949 and comparison with 1948 figures.
Registrar-General's figures.

Classification No.		M.	F.	Total 1949	Total 1948
1	Typhoid Fever, etc.	—	1	1	—
2	Cerebro Spinal Fever	—	1	1	—
3	Scarlet Fever	—	1	1	—
4	Whooping Cough	—	—	—	1
5	Diphtheria	—	—	—	—
6	Respiratory Tuberculosis	5	7	12	13
7	Other forms of Tuberculosis	5	1	6	5
8	Syphilitic Diseases	1	3	4	3
9	Influenza	3	5	8	2
10	Measles	—	1	1	—
11	Ac. Poliomyelitis and Polioencephalitis	—	4	4	—
12	Ac. Inf. Encephalitis	—	1	1	—
13	Cancer of buc : cav. and oesoph (M) ; uterus (F)	3	13	16	8
14	Cancer of stomach and duodenum ..	14	15	29	32
15	Cancer of breast	—	15	15	13
16	Cancer of all other sites	33	21	54	64
17	Diabetes	1	2	3	4
18	Intra-cranial vascular lesions	41	62	103	80
19	Heart Disease	119	125	248	221
20	Other diseases of circulatory system ..	8	12	20	24
21	Bronchitis	38	22	60	49
22	Pneumonia	18	15	33	29
23	Other respiratory diseases	2	3	5	3
24	Ulcer of stomach or duodenum ...	4	1	5	5
25	Diarrhoea (under 2 years)	1	2	3	9
26	Appendicitis	1	—	1	1
27	Other Digestive diseases	7	6	13	16
28	Nephritis...	13	14	27	13
29	Puerperal and Post-abortion Sepsis ...	—	—	—	—
30	Other Maternal causes	—	—	—	—
31	Premature Birth	4	3	7	10
32	Congenital Malformation, birth injury, infantile diseases	4	3	7	4
33	Suicide	4	2	6	4
34	Road Traffic Accidents	2	—	2	6
35	Other Violent causes	8	5	13	14
36	All other causes	24	34	58	59
	Total ...	363	404	767	692

Age Distribution of Principal Causes of Death.
Registrar General's Figures 1949.

	Under 1		1—5		5—15		15—45		45—65		65 & O'r		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Heart Disease	—	—	—	—	—	1	1	3	37	20	81	105	119	129
Cancer	—	—	—	—	—	1	2	2	25	23	23	38	50	64
Intra-cranial Vascular Lesions	—	—	—	—	—	—	—	—	9	13	32	49	41	62
Bronchitis	—	1	—	—	—	—	1	1	15	3	22	17	38	22
Pneumonia	7	4	—	1	—	—	3	—	6	3	2	7	18	15
Nephritis	—	—	1	—	—	—	—	1	6	6	6	7	13	14
Violence (all forms) ...	1	—	—	—	—	—	4	1	5	4	4	2	14	7
Premature Births & Birth Injuries, &c.	8	5	—	—	—	—	—	1	—	—	—	—	8	6
Respiratory T.B. ...	—	1	—	—	—	—	3	6	2	—	—	—	5	7
Non-respiratory T.B. ...	—	—	1	—	—	—	2	1	2	—	—	—	5	1
Ac : Poliomyelitis & Polioenceph	—	—	—	2	—	—	—	1	—	1	—	—	—	4
Typhoid & Paratyphoid	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Cerebro-Spinal Fever ...	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Scarlet Fever	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Ac : Inf : Enceph : ...	—	—	—	—	—	—	—	—	—	1	—	—	—	1
All other causes	1	2	1	—	1	1	3	6	14	13	32	46	52	68
TOTALS ...	17	14	3	4	1	4	19	23	121	88	202	271	363	404

It will be noted that the increased number of deaths in 1949 is largely concentrated in the over 65 years age group ; the deaths among the infants were fewer than in 1948.

The first quarter of the year was heaviest on the old people.

Deaths from violent causes.

These numbered 23 (15 M., 8 F.). Except for one unknown infant who was presumably murdered, all were adults. Accidents in the home caused more deaths than road accidents. They included 2 due to clothing catching fire and 3 to falls. Suicide accounted for seven deaths ; accidents at work for three ; others were 2 from road accidents, 1 fall in hospital, 1 murder, 1 judicial, 1 exposure, 1 drug overdose. The falls were all in old people over 65 years.

†WARD STATISTICS — 1949

†These must be regarded, so far as population and birth and death rates are concerned, to be speculative only, because there has been no census giving ward figures since 1931. The census of 1951 will enable much more accurate figures to be maintained.

Wards	St. John's East	St. John's West	Trinity North	Trinity South	All Saints'	Earls-heaton	Ravens-thorpe	Thornhill North	Thornhill South	County Borough
Population (1931)	6140	4946	6111	6897	4722	7750	6696	6302	4738	54303
Population (est.) 1949	3940	6000	4500	5300	4250	9700	7300	6600	5100	52740
Live Births*	75	112	91	124	72	174	130	139	91	1008
Still-births*	—	3	2	4	2	4	4	2	1	22
Live Birth Rate	19·0	18·7	20·2	23·4	16·9	17·9	17·8	21·1	17·9	19·2
Deaths*	54	79	50	72	71	152	98	114	76	766
Death Rate	13·7	13·2	11·1	13·6	16·7	15·7	13·3	17·3	14·9	14·5
Infant Deaths*	3	1	3	6	4	1	6	5	3	32
Infant Mort. Rate	40	9	33	48	56	47	6	36	33	31
Poliomyelitis cases	1	4	2	3	—	6	6	—	2	24
Scarlet Fever cases	7	13	8	19	5	35	30	19	13	149
Measles cases	21	56	68	42	35	91	85	122	109	629
Whooping Cough cases	6	5	10	12	4	66	23	33	13	172

*The slight differences in the number of births, deaths, still-births, and infant deaths shown in this table as against the one on page 19 arise from the fact that these figures are taken from local birth and death returns and not from those of the Registrar General.

DEATHS OCCURRING IN HOSPITALS AND INSTITUTIONS.

The number of deaths which occurred in hospitals or institutions during the year was 230 or 29.9% of the total number of deaths.

Infant Deaths.

	M.	F.	Total
Legitimate	16	13	29
Illegitimate	1	1	2
	17	14	31

One death occurred in a male infant in a neighbouring area, and was there registered ; no transference was effected and it has not been included in the registrar general's figure for Dewsbury, quoted above. The infant death rate is therefore more accurately, 31.6 per 1,000.

Rates.

Legitimate infants per 1,000 legitimate Live Births ...	30.85
Illegitimate infants per 1,000 illegitimate Live Births ...	28.17
All infants per 1,000 Live Births	30.66
England and Wales (All infants per 1,000 Live Births) ...	32.00

Marriages.

Mr. B. C. Amies, Superintendent Registrar, has kindly given me the following information :—

The numbers of marriage ceremonies during the year 1949, were :—

(*a*)	In the Church of England	237
(*b*)	In other chapels and churches	134
(*c*)	At the Register Office	128

Marriages 1939-1949.

Year.		
1939	518	
1940	617	War Years
1941	526	War Years
1942	498	War Years
1943	352	War Years
1944	379	War Years
1945	521	War Years
1946	570	
1947	571	
1948	551	
1949	499	

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Public Health Officers.

Particulars of the Public Health Officers, together with information as to their qualifications, are set out on pages 4 and 5.

Laboratory Facilities.

Bacteriological work was carried out at the Public Health Department Laboratory, Municipal Buildings, and the Public Health Laboratory, Wakefield.

Specimens Examined at Dewsbury Public Health Laboratory during 1949.

	Swabs for diphtheria		Sputa for tuberculosis			
	No. of Examinations	No. Positive	No. of Examinations	No. Positive	Other Examinations	Total No. of Examinations
Private Practitioners ...	21	—	1	—	—	22
General Infirmary ...	—	—	—	—	—	—
School Clinic ...	5	—	—	—	1	6
Whitley Grange Sanatorium ...	—	—	203	82	—	203
Tuberculosis Dispensary	2	—	137	24	1	140
Mitchell Laithes Isolation Hospital	130	21	—	—	—	130
Others ...	1	—	—	—	194	195
TOTAL ...	159	21	341	106	196	696

Swabs for Diphtheria examined at the Public Health Laboratory, Dewsbury, during each month of 1949.

Month	Private Pract.	School Clinic	T.B. Dispensary	Isolation Hospital	Others	Total	Positive Results
January	2	—	—	27	—	29	7
February	7	1	—	27	—	35	7
March	2	2	—	53	—	57	4
April	2	1	—	21	1	25	3
May	2	—	—	2	—	4	—
June	2	—	—	—	—	2	—
July	—	—	—	—	—	—	—
August	1	—	2	—	—	3	—
September	2	1	—	—	—	3	—
October	1	—	—	—	—	1	—
November	—	—	—	—	—	—	—
December	—	—	—	—	—	—	—
Totals	21	5	2	130	1	159	21

DIPHTHERIA SWABS.—

1943	1754
1944	2320
1945	1512
1946	962
1947	590
1948	201
1949	159

DIPHTHERIA CASES.—

1943	69
1944	75
1945	58
1946	36
1947	4
1948	Nil
1949	6

This work has now been discontinued ; all swabs are sent to the Medical Research Council Laboratory, Wakefield.

TREATMENT CENTRES AND CLINICS

at end of 1949.

The following is a list of Treatment Centres and Clinics in the Borough :—

	Place	Time
Child Welfare Clinics	Health Dept., Municipal Buildings, Halifax Road	Monday 2 p.m. (for children under 3 months) Wednesday 2 p.m. Saturday 10-30 to 11-30 a.m. (for foods only).
	Whitley Methodist Schoolroom	Alternate Mondays at 2 p.m.
	Earlsheaton	Tuesdays at 2 p.m.
	Shaw Cross	Alternate Tuesdays at 2 p.m.
	Thornhill Council Offices	Thursday 2 p.m.
	Ravensthorpe Council Offices	Friday 2 p.m.
Ante-Natal Clinics	Moorlands Maternity Home	Monday 10-30 a.m. Monday 2 p.m.
	Thornhill Council Offices	Wed. 10-30 a.m.
	Moorlands Maternity Home	Wednesday 2 p.m. Thursday 10-30 a.m Thurs. 2 p.m- Friday 10-30 a.m.
Consultant Clinic	Moorlands Maternity Home	Sat., 11-30 a.m.
Minor Ailments Clinic	Ravensthorpe Council Offices	Monday 2 p.m. Tuesday 2 p.m. Thursday 2 p.m. Friday 2 p.m.
	School Clinic, Halifax Road	Daily 9 a.m.
Special Inspection Clinic	do.	By appointment Wed. 2 p.m.
Dental Clinic	do.	Daily.
Dental Clinic	Ravensthorpe Council Offices	Suspended.
Orthopaedic Clinic	Dewsbury General Infirmary	By appointment 2-30 p.m., 2nd Tuesday in the month.
Consultant Ophthalmic Clinic	†School Clinic, Halifax Road	By appointment every Thursday
Diphtheria Immunisation	School Clinic, Halifax Road All Child Welfare Clinics	Saturday 9-30 to 11-30 a.m.
Tuberculosis	*Northfields House, Bath St.	Monday 6 p.m. Friday 2 p.m.
Venereal Diseases	*Dewsbury General Infirmary	Daily. Medical Officer attends :— Monday 2 to 4 p.m. Thursday 10-30 to 12 noon. Fri. 6 to 9 p.m.

*Administered by the Regional Hospital Board.

†Consultant on staff of Regional Hospital Board.

PROMOTION OF CLEANLINESS.

Cases of uncleanliness are dealt with at the cleansing station attached to the Municipal Buildings, Halifax Road, Dewsbury.

During 1949, 3 pre-school children were cleansed from head lice and 2 pre-school children and 6 adults were treated for scabies, a disease which appears for the present at any rate to be disappearing.

A D.D.T. emulsion was the preparation used for the treatment of verminous conditions of the head and benzyl benzoate emulsion for the treatment of scabies.

ADMINISTRATION OF INSTITUTIONAL SERVICES.

The Council continued to administer on an agency basis the Moorlands Maternity Home until 31st March, the Whitley Grange Sanatorium until 30th September and the Mitchell Laithes Infectious Diseases Hospital until 16th May, 1949.

The last mentioned was transferred from the local Hospital Management Committee to the Wakefield "B" Hospital Management Committee and has more recently been used for the accommodation of infectious disease cases from the mental hospitals of the region. Infectious disease cases from Dewsbury are now admitted to Snapethorpe Infectious Disease Hospital, Wakefield and to Seacroft Hospital, Leeds.

ORTHOPAEDIC TREATMENT.

Children suffering from orthopaedic defects are referred to the Dewsbury and District General Infirmary.

NURSING HOMES.

There are none registered or known to exist in Dewsbury.

BLIND PERSONS.

Mr. Amies, chief officer of Welfare Services has kindly supplied the following information :—

The number of blind persons on the Register on 31st December, 1949 was 136 (76 males, 60 females), as shown in the following table :—

Ages	Partially Blind			Totally Blind		
	Males	Females	Total	Males	Females	Total
Under 5	—	—	—	—	—	—
5 to 15	1	—	1	—	—	—
15 to 20	1	1	2	1	1	2
20 to 30	4	—	4	—	1	1
30 to 40	3	2	5	1	—	1
40 to 50	9	5	14	2	—	2
50 to 60	6	8	14	1	1	2
60 to 70	12	12	24	2	5	7
Over 70	30	24	54	3	—	3
Totals	66	52	118	10	8	18

These are now cared for by the Welfare Services Committee which has been set up by the Council as an *ad hoc* committee to carry out the Council's obligations under the National Assistance Act, 1948.

SANITARY CIRCUMSTANCES OF THE AREA.
WATER.

Mr. D. E. Strachan, Water Engineer, has kindly supplied the following information :—

The public water supply to the Borough is satisfactory in quality and quantity. No actual restrictions in quantity were made, but from June till the end of October bills were posted all over the town drawing attention to the water shortage ; letters were sent to all big consumers asking them to economise and notices were put in the press forbidding the use of hosepipes and asking consumers not to waste water. By September the storage in the reservoirs was very low but rationing of the supply was avoided by making arrangements with the River Don millowners for reducing the quantity of compensation water. A reduced flow was sent down the river for 6 weeks.

All houses in the area except for a few isolated cottages are supplied from public water mains, there are no standpipes.

The area of the County Borough of Dewsbury is supplied with water received in bulk from three sources :—

1. The works of the Dewsbury and Heckmondwike Waterworks Board.
2. The Corporation of Bradford.
3. The Corporation of Halifax.

The Dewsbury Corporation are responsible for the distribution of all water received, but are not directly responsible for collecting or treating any of it, though they are the larger partners of the Dewsbury and Heckmodwike Waterworks Board.

The supplies from all three sources are derived from upland gathering grounds situated in the Pennines, and are collected and stored in large impounding reservoirs.

Part of the area is supplied from source 1 only, part from source 3 only, and the remainder from sources 1 and 2 mixed.

In 1949 the proportions of water from each source were :—

1. Dewsbury & Heckmondwike Waterworks Board ... ... 61·2%
2. Bradford Corporation ... ... 28·5%
3. Halifax Corporation ... ... 10·3%

The Dewsbury and Heckmondwike joint supply is treated by the addition of slaked lime and chlorine, but is not filtered. It is chlorinated at Broadstone impounding reservoir and again at the outlet of the Whitley service reservoir.

The second and third supplies are treated by their respective authorities and are filtered.

The rate of consumption per person in 1949 was 22·2 gallons per day for domestic purposes including small trade users, and 26·4 gallons per day for measured trade supplies, giving a total of 48·6 gallons per day.

The chemical analyses of the waters supplied to the consumer do not show the water to have any liability to plumbo-solvent action.

No contamination has taken place nor has any been suspected.

New water mains have been laid in corporation housing sites at Headfield Road and Thornhill, and the completion of Squirrel Hall service reservoir is well advanced.

Comment.

The Water Engineer and I have worked closely together in regard to the purity of the supply, and I am satisfied that the town's supply is a good one. The attached table shows the findings in some detail.

Although the Board's Gathering grounds from which most of the town's water is derived are remarkably free from houses (only one house on the 2488 acres) it is desirable to have a filtration plant and this has been agreed. Animal pollution by cattle does occur from time to time, but every effort has been made to reduce this risk, and one feeder stream found to be polluted was diverted during 1949.

The town was most fortunate in not having its water supply restricted as was the case in most neighbouring authorities, but anxieties as to the supply position were very real during the exceptionally hot and dry weather of the 1949 summer ; Though 1948 and 1949 separately considered were not *dry* years the long dry mild winter of 1948/9 was responsible for a substantial shortage of water in the impounding reservoirs in the early part of 1949 which were not replenished until the heavy rains came in the autumn.

In drought conditions there is always anxiety about the purity of a water supply.

Public Water Supply — Bacteriological Analysis.

Presumptive B. Coli. per 100 ml.	COLLECTION SIDE					SUPPLY SIDE									
	PRE-TREATMENT					AFTER-TREATMENT									
	Streams		Reservoirs			Reservoirs					Depots			House-hold	
	Stream Supply at Dunford Reserv.	Upper Windle-den Reserv. Stream	Broad-stone Reserv.	Harden Reserv.	Upper Windle-den Reserv.	Whitley Reserv. Inlet	Whitley Reserv. Outlet	Stain-cliffe Gauge Basin	Gaw-thorpe Reserv. *	Squirrel Hall Reserv. *	Edge Top Pump House *	R'thpe. Meter House *	Batley Carr Depot *	House Taps	TOTAL
0 (Highly Satisfactory)			10	1		59	43	55	49	50	50	50	50	26	432
1—2 (Satisfactory)		1				1	7	4	1					3	16
3—10 (Suspicious in Chlorinated Supply			4		2		9	1						2	12
Greater than 10 (Unsatisfactory in Chlorinated Supply)	1		8	1		1	2	1							4
TOTALS	1	1	22	2	2	61	61	61	50	50	50	50	50	31	464

* Analyses made by Dewsbury Analytical Services.
Remainder were analysed by Public Health Laboratory Service, Wakefield.

The taking of house tap samples is arranged so that all the sources of bulk supply are investigated.

RIVERS AND STREAMS.

The information in this section has been kindly contributed by Mr. M. Lovett, B.Sc., F.R.I.C., Chief Inspector, West Riding Rivers Board, Wakefield :—

The West Riding of Yorkshire Rivers Board is the authority responsible for preventing pollution of the River Calder and its tributaries, but it should be noted that an Order has been made by which the functions of this Board will be transferred on 1st April, 1950, to the Yorkshire Ouse River Board, a comprehensive Board dealing with pollution prevention, drainage and fishery interests.

The River Calder and its tributaries receive along their entire length effluents from an almost unbroken chain of sewage works and manufactories. The problem of preventing pollution is complicated owing to the small normal flow in proportion to the volume of effluents which discharge into the river. At Kirkthorpe Weir, Wakefield, the dry weather flow is normally about 95 million gallons a day, but during the drought of 1949 the dry weather flow has often been as low as 50 million gallons per day. Of the flow of 95 million gallons one-third can easily be accounted for by effluents from sewage works. In addition, there are millions of gallons of treated trade effluents discharged to the river and its tributaries, so that the amount of used water in the river is at least 50% of the total. If it were not for the compensation water from reservoirs of water undertakings there would be little clean dilution water reaching the river during droughts. Further reference is made below to the drought of 1949.

The Board gives assistance where aid is sought, to manufacturers, particularly in respect of new industries which give rise to waste liquids requiring special treatment. The Board is of the opinion that the most efficient and economical means of dealing with trade effluents is by draining them into the sewers for treatment at the sewage works of the local authorities.

Many years of effort to bring about improvement of the streams which flow through the Dewsbury County Borough have only recently shown results, chief among which is the improved condition of the Batley (or Dewsbury) Beck. Details are set out below : -

River Calder.

Work has commenced in relation to a scheme for alterations and extensions to the Deighton and Cooper Bridge Sewage Works of the Huddersfield Corporation, with consequent improvement in the quality of effluents discharged to the River Calder.

At Mirfield the policy of connecting the trade effluents from manufactories into the public sewer has been adopted since the passing of the Public Health (Drainage of Trade Premises) Act, 1937, and recently 8 manufacturers have connected the effluents from their premises with the public sewers and two others are about to do so. The inadequately treated effluents from these premises were formerly discharged direct to the river, or its tributaries.

Within the Dewsbury Borough itself, and on the advice of the Rivers Board, three more manufacturers have connected their trade effluents into the Corporation's sewers. Tenders have been provisionally accepted for a scheme of sewerage by which that sewage now conveyed to and treated at the Corporation's Thornhill Sewage Works, will be dealt with at the Mitchell Laithes Sewage Works.

Spen River.

Following an agreement between the Dewsbury Corporation and the Mirfield Urban District Council, a new connecting-sewer has been laid by which flows of up to six times the dry weather flow of sewage of the Mirfield Urban District are now conveyed to the Dewsbury sewers, and dealt with at the Corporation's Mitchell Laithes Sewage Works. The elimination of the

discharge of the very unsatisfactory effluents from the Mirfield Sewage Works has resulted in the improved conditions in the Spen River, and as the storm water tanks for dealing with the Mirfield sewage in excess of six times the dry weather flow have been retained, no crude sewage is now discharged direct from the Mirfield sewers to the Spen Rivers in time of rain.

Batley (Dewsbury) Beck.

The largest measure of improvement has been brought about in the condition of the Batley (or Dewsbury) Beck, which flows through and under the centre of the Borough. For many years this small stream, which received the very unsatisfactory effluents from the Birstall Sewage Works and the Batley Sewage Works, and the partially treated effluents from trade premises in the Batley Borough, had the reputation of being the most polluted steam in the West Riding. Following the signing of an agreement between the Dewsbury and Batley Corporations, works of sewerage have been completed by which the Batley Sewage Works (except for the treatment of storm water sewage) and the Birstall Sewage Works have been abandoned, and the sewage from these two works, including the trade effluent from 41 Batley trade premises, is now conveyed to the Dewsbury Corporation sewerage system and treated at the Mitchell Laithes Sewage Works. Several trade pollutions in this watershed still require attention, and arrangements are being made to connect the effluents with the public sewers. When it is pointed out that flows of sewage and trade effluents of more than 2 million gallons per day in dry weather, are no longer discharged into Batley Beck, the improvement which has been brought about in the condition of this small stream can be readily appreciated.

Now that pollution has been so greatly reduced, even partial cleaning out of rubbish such as old iron bedsteads, pram-wheels, etc., would greatly improve the appearance of this stream, which flows through such an extensively industrialised and highly populated area.

It must also be appreciated that the addition of the flows of sewage and trade effluent from Batley, Mirfield and Thornhill to those already reaching the Mitchell Laithes Sewage Works, will necessitate a very considerable expenditure to render the latter works capable of producing effluents which will satisfy the requirements of the Rivers Board, and a scheme of improvement has already been approved in principle by the Dewsbury Corporation.

Effects of the Water Shortage During 1949.

The long spells of fine weather during the spring and summer of this year, coupled with the imposition of restrictions on the use of water, have given rise to the impression that 1949 was the driest year for a very long period. This was not actually the case in Yorkshire, although serious difficulties arose in regard to public water supplies and the discharge of compensation water, by reason of the fact that at the beginning of the year, there were deficiencies of up to several weeks' supply in some reservoirs.

There is no doubt that, so far as the West Riding is concerned the shortage of water was nowhere so serious as in the River Calder catchment area.

Spen River and Batley Beck.

There are no discharges of compensation water to these two streams, and during the dry period, almost the entire flow of water has consisted of effluents from sewage works and manufactories, and water pumped from underground sources. There were some complaints of smell nuisance from the Batley Beck, but this was probably due to the septic condition of the effluent from Birstall Sewage Works. Arrangements are now being made for the sewage from these works and from Batley Sewage Works to be dealt with at the Dewsbury Corporation (Mitchell Laithes) Sewage Works. The absence of stormwater sewage has resulted in improved conditions in the upper reaches of the Batley Beck.

River Calder (lower reaches).

Difficulties were experienced with regard to the effect of the reduced flows on supplies of water for cooling purposes and for motive power. A representative of one firm stated that slow running of machinery driven by water power had been the worst in his 44 years' experience at the mill, but no additional difficulties were caused by the reduction in compensation water. Only one serious complaint was received regarding the actual quality of the river water. The firm concerned stated that it had not been possible to use the water for process work during the summer months, and there had been difficulty in obtaining an alternative supply. The use of river water for boiler purposes continued, and although the increase in the amount of dissolved solids may have increased treatment costs generally, only one undertaking made special mention of this. The persistence of froth which formed below weirs on the river at week-ends caused some comments. It has been suggested this was due to the discharge of crude scouring waste, but no evidence of such discharges was found, and the persistence of the froth was more probably due to the greatly reduced flow in the river at such times.

Conclusion.

The general impression, even among those riparian owners who suffered some inconvenience, appears to be that the rivers of the West Riding withstood the effects of the drought remarkably well, but it is open to some doubt whether this would have been the case had the dry period continued very much longer.

There was no evidence of general deterioration in the quality of effluents from sewage works ; in fact there has been some indication that the reverse has been the case. The crude sewage in many instances has been stronger than normal, due to the complete or almost complete absence of rain, but the daily volume reaching the sewage works has been lower, particularly in those areas where restrictions were placed on domestic water supply. It was therefore possible to give full treatment to the entire flow of sewage reaching the works but, at the same time, less dilution has been available in the streams to which the effluents are discharged. The net result in many instances has been in favour of stream conditions generally. Streams have also benefited by the absence of discharges of untreated or only partially treated stormwater sewage.

It has been suggested that it would have been better in those instances where reduction in the discharge of compensation water ultimately became necessary, if there had been a smaller reduction earlier in the year. It is easy to be wise after the event, and it is notoriously difficult to forecast drought conditions, but there are some grounds for believing that the rainfall in the next few years may again be below the average, and it might be well for this suggestion to be borne in mind in the interests of all parties concerned.

Quite apart from this aspect, the great increase in water consumption during recent years (on which a Ministry of Health Committee has recently issued an interim Report), makes it more important than ever before that a clear policy should be adopted without delay in regard to the conservation and co-ordination of the country's water resources. Numerous and varied interests are involved, some of them conflicting, but it is only by free and frank discussion that the difficulties can be resolved, and effect given to what is perhaps the first principle of stream sanitation, namely, to serve the best interests of the greatest number of the populace.

That the Board has adopted a sympathetic and understanding attitude in the recent drought is shown by the recommendation of the Finance and Parliamentary Committee of 13th October, subsequently confirmed by the Board on 28th October, 1949.

" (5727) That, in view of the abnormal conditions now prevailing as the result of the long continued drought, the Rivers Board will raise no objection to the temporary reduction of the quantity of compensation water upon terms agreed between the various Waterworks Authorities and the persons interested in the discharge of such compensation water, and that records be kept by the Board of the effect of the drought upon streams in the West Riding." *

Notwithstanding this, the Board would no doubt wish to retain its full rights of representation in any proposals affecting matters within its jurisdiction.

HOUSING.

(For housing inspection, etc., statistics, see p. 97).

I am indebted to the Borough Architect (Mr. R. R. Alexander) for the following statistical information.

The number of houses completed in the borough during the year by private enterprise was 13 and the number completed by the Corporation was 94.

Houses built by private enterprise :—

1946	31
1947	34
1948	14
1949	13

Houses built by local authority :—

1946	111
1947	161
1948	149
1949	94

The number completed by the corporation in 1949 comprised 52 three-bedroom traditional type brick houses, 42 two-bedroom traditional type brick houses.

The Council's housing programme since the end of the war has resulted in the following houses being completed.

Temporary prefabricated two-bedroom bungalows ...	150
Permanent prefabricated two-bedroom bungalows ...	25
Traditional brick two-bedroom houses	104
B.I.S.F. three-bedroom houses	100
Traditional brick three-bedroom houses	136
Conversion of hutments—three-bedroom	9
Conversion of hutments—one bedroom	23

SEWERAGE AND SEWAGE DISPOSAL.

Mr. E. H. Staynes (Sewage Works Manager), has kindly given me the following information :—

There are four sewage purification works serving the Borough, situated at Mitchell Laithes, Ravensthorpe, Thornhill (Millbank) and Smithy Brook, dealing with daily dry weather flows of 5,500,000, 800,000, 150,000 and 25,000 gallons respectively. During the year, the flow to the former works has been more than doubled by the admission of sewage and trade effluent from the Borough of Batley. This has resulted in a considerable improvement in the condition of the Batley Beck which flows through the centre of Dewsbury and has been regarded, for a number of years, as the worst polluted stream in the West Riding. It is anticipated that the remaining trade discharges in the Batley area will be connected to the sewers during 1950.

The scheme of interception of sewage from Mirfield Urban District and its conveyance to Mitchell Laithes is almost completed. The connection to the Dewsbury sewerage system will take place in March 1950, and some improvement in the condition of the Spen Beck will then be noted.

Delay has been experienced in the work of intercepting the sewage now treated at Thornhill (Millbank) Works, but it is confidently expected that the scheme will be completed during the summer of 1950.

It will be appreciated that the increased load necessitates extensions to the purification plant at Mitchell Laithes and, in this connection, a scheme is in course of preparation for submission to the Ministry of Health at the earliest possible moment.

SWIMMING BATHS.

Mr. R. H. Betts has supplied the following information :—

There are two swimming baths each of 52,500 gallons capacity owned by the Corporation and situated in Wellington Road, Dewsbury.

The only remedial baths in operation are Turkish, Russian, vapour, zotofoam and peat baths, which are given without a medical certificate.

The rate of turn-over of the water is approximately 35,000 gallons per hour ; therefore the water in each bath is renewed about every $3\frac{1}{2}$ hours. All the time the water is being treated by chlorination and the addition of alkali.

Sterilisation of the water in the swimming baths is carried out by an MSPCM type solution feed vacuum chlorinator, also an automatic vacuum chemical solution feeder. This new solution feeder is to introduce to the water a regulated dose of soda ash which ensures a pH value from 7.4 to 8 as may be desired., whilst the MSPCM type chlorinator introduces a liquid chlorine from 1.75 to 3 parts per million.

A heavier dose of chlorine, 10 parts per million, is administered immediately after the bath is closed and the pool is left undisturbed overnight, when it will be found that in most cases the chlorine has disappeared entirely. If not, any excess can be easily removed by the addition of sodium thio-sulphate crystals but so far this has not proved necessary.

The dose of chlorine required will depend on the degree of pollution of the water, and once some experience has been gained with this treatment, it is a comparatively easy matter to adjust the dose so that no excess of residual chlorine is left in the morning.

The daily examination of the water is done by a lovibond comparator using ortho-toluidine reagent, and the pH value by phenol red and a comparator.

The baths are well attended and used extensively by the school children and the Baths Committee are looking forward to the time when it will be possible to contruct new swimming baths.

MATERNITY AND CHILD WELFARE

(National Health Service Act 1946, Sections 22, 23, 24).

ANTE-NATAL CLINICS.

Moorlands Maternity Home Cases :

Number of first attendances by mothers	701*
Number of subsequent attendances	4862*

*Including a number of attendances by mothers not living in Dewsbury.

102 non-residents made first attendances (not included above).

Domiciliary Cases (not included above) :

(Attendances at Moorlands and Thornhill Clinics)

Number of first attendances by mothers	197
Number of subsequent attendances	787

Routine blood tests are taken from every patient on her first visit to the ante-natal clinic. These are sent to Leeds Blood Transfusion Centre for Group, Rhesus and Kahn tests.

The following table gives particulars of the number of Rhesus, Wassermann and Kahn tests carried out during the year :—

Rhesus Tests.

Initial Tests.	Patients	Husbands	Infants	Total
Rh. positive ...	704	83	81	868
Rh. negative ...	143	21	53	217
Rh' rh.	3	1	3	7
Rh" Rh" or Rh" rh.	5	1	1	7
Repeat tests	237			

Three babies were found to be affected by the Rhesus factor and two of these had replacement blood transfusions soon after delivery.

Wassermann and Kahn Tests.

Positive	5
Negative	885
Doubtful	6

Haemoglobin Findings.

Haemoglobin estimations were started on 17th October, 1949, and are now taken as routine from every patient on her first visit to the clinic ; during the year 146 tests were taken.

Below 60%	60—70%	70—80%	80—90%	90—100%	Over 100%	Total
Nil	1	24	58	45	18	146

These examinations were carried out by the Leeds Blood Transfusion Service, the Haldane technique being used.

Pregnancy Tests.

During 1949 ten pregnancy tests were made, 1 was returned as positive and 9 as negative. The positive one was pregnant but had a still birth very soon afterwards. Of the negatives 8 were not pregnant and 1 had a miscarriage very soon after the test was done.

Post-Natal Clinic (Moorlands).

During the year there were 60 primary attendances (including some non-residents).

Staincliffe General Hospital.

I. Ante-Natal Clinics.

64 Dewsbury mothers booking at Staincliffe Hospital attended the A.N.C. at the hospital. The total " subsequent attendances " by Dewsbury mothers was 467.

II. Post-Natal Clinic.

There were 41 primary attendances by Dewsbury mothers.

DOMICILIARY MIDWIFERY—1949.

District	On books from 1948	Booked during 1949	Total Bookings	Delivered in 1949*	Transferred to hospital	Transferred to other midwife	Left the district	Not pregnant	Undelivered end of 1949	Total	Patients receiving no ante-natal care	Patients receiving ante-natal care from own doctor	Medical Aids issued	Gas and Air administered	Miscarriages	Still Births
I.	15	57	72	55	4	—	—	1	12	72	3	7	14	40	—	—
II.	16	72	88	46	11	1	—	—	30	88	1	13	16	29	—	—
III.	16	67	83	63	9	—	1	1	9	83	—	14	10	23	—	1
IV.	25	64	89	62	6	1	—	2	18	89	2	10	6	5	2	—
Totals	72	260	332	226	30	2	1	4	69	332	6	44	46	97	2	1

Of those counted as booked 6 had not booked before the labour commenced—one of them was a case of miscarriage.
*In each district, the mothers are not necessarily delivered by the midwife of that district, owing to off duty, illness, etc.

HOSPITAL MIDWIFERY.

On the 5th July, 1948, the Moorlands Maternity Home was transferred to the Minister of Health (Leeds Regional Hospital Board) and was subsequently administered by the Leeds Region No. 11 Hospital Management Committee, but the Medical Officer of Health continued to act as Medical Superintendent, on an agency basis, until 31st March, 1949.

The work of the two local maternity units in respect of Dewsbury mothers is shown in the following table :—

	Moorlands Maternity Home	Staincliffe General Hospital
Number of Dewsbury mothers delivered	*693	89
Number of Dewsbury mothers having twins ...	11	2
Number of Dewsbury babies born alive and still born	704	91
Number of Dewsbury babies stillborn	14	6
Number of Dewsbury mothers refused admission ...	11	1
Number of Dewsbury emergency admissions :		
(a) social	4	3
(b) medical	8	9
Number of Dewsbury babies premature by birth weight standard	48	15

*9 Dewsbury mothers and babies were admitted and are not included in the above figures, as the babies were born before admission.

MATERNAL DEATHS.

There were no deaths ascribed to maternity during 1949.

The following tables shew information relating to maternal deaths in the two periods 1939-1949 and 1910-1920.

MATERNAL DEATHS 1939-1949.

	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
		War Years									
No. of Births—Live and Still	796	793	798	879	935	1012	875	1054	1244	1039	1034
No. of Maternal Deaths	4	5	5	1	1	2	—	2	3	—	—
Maternal Death Rate	5·03	6·31	6·27	1·14	1·07	1·8	—	1·9	2·41	—	—
Maternal Death Rate—England and Wales	2·82	2·16	2·76	2·01	2·29	1·93	1·79	1·43	1·17	1·02	·98

MATERNAL DEATHS 1910-1920.

	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920
						War Years					
No. of Births—Live and Still	1061	1160	1282	1326	1348	1210	1175	968	959	1099	1327
No. of Maternal Deaths	11	9	10	15	10	7	9	3	5	6	8
Maternal Death Rate	10·37	7·76	7·8	11·3	7·4	5·78	7·66	3·1	5·2	5·4	6·03
Maternal Death Rate—England and Wales (based on live births)		3·87	3·98	3·96	4·17	4·18	4·12	3·89	3·79	4·37	4·33

The striking improvement in the maternal mortality in recent years is well shewn. The introduction of sulphonamides in 1936 and of penicillin in 1941 and other advances in treatment have all substantially contributed ; but it is widely accepted that increasing and improved ante-natal care is the greatest single factor. Our object must be to prevent disasters, rather than to treat diseases and infections that should not happen.

DEATHS OF INFANTS UNDER 1 YEAR — 1949.

Disease	Under 1 Day		1 Day—1 week		1 week—4 weeks		4 weeks—3 Mths.		3—6 Mths.		6—9 Mths.		9—12 Mths.		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Premature Births	1	1	3	2	—	—	—	—	—	—	—	—	—	—	4	3
Bronchitis	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Pneumonia	—	—	—	—	2	1	—	1	2	1	2	1	1	—	7	4
Diarrhoea	—	—	—	1	—	—	—	—	1	1	—	—	—	—	1	2
Con. Mal.; Birth Inj: Infant Dis.	—	2	2	—	1	—	—	—	1	—	—	—	—	—	4	2
Other Violent Causes	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Cerebro Spinal F.	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Tuberculosis of Resp. Sys.	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Totals	1	3	6	3	3	1	—	1	4	4	2	1	1	1	17	14

Total number of deaths of infants under 28 days old was 17 or 54·8% of all infant deaths.

Neonatal death rate = 16·8 per 1,000 live births.

Infantile death rate = 30·7 per 1,000 live births.

Nurseries and Child-Minders Regulation Act, 1948.

One application only was received during the year for registration under this act but this was subsequently withdrawn.

WORK OF THE HEALTH VISITORS.

From April, 1949, the town was divided for health visiting purposes into ten areas, each health visitor and school nurse being allotted one of these areas. The health visitors paid 575 visits to expectant and nursing mothers, 7,515 visits to children under one year of age ; and 13,497 visits to children between the ages of one and five. Attendance at clinics is shared as far as practicable : two nurses attend every clinic except Whitley and Shaw Cross.

ANALYSIS OF VISITS BY H.V.s.

District No.	1st Visits		Subsequent Visits		Ante-Natal		Still Births	Infectious Disease	Others	Total
	0—1	Over 1	0—1	Over 1	1st Visit	Revisit				
1	99	—	589	1238	79	35	2	57	137	2236
2	108	2	657	1486	47	16	4	30	177	2527
3	127	6	1070	1638	56	22	1	90	39	3049
4	128	5	702	1651	33	12	2	19	7	2559
5	104	—	579	1729	42	11	—	38	37	2540
6	112	—	647	1173	30	1	3	51	10	2027
7	111	1	458	1169	34	7	3	93	9	1885
8	67	—	449	935	69	17	—	68	13	1618
9	120	2	694	1294	45	4	5	80	9	2253
10	126	5	568	1163	9	6	1	15	8	1901
TOTALS	1102	21	6413	13476	444	131	21	541	446	22595

INFANT WELFARE CLINICS.

Attendances at Infant Welfare Clinics were as follows :—

Clinic	New Cases		Children in attendance who were then		Re-visits		Cases seen by M.O.
	0—1	1—5	0—1	1—5	0—1	1—5	
Dewsbury	270	3	267	272	2358	314	550
Whitley	8	—	5	26	151	150	—
Shaw Cross	37	1	36	108	364	220	104
Earlsheaton	110	9	93	191	893	367	228
Thornhill	167	6	157	247	2166	500	456
Ravensthorpe	178	10	174	222	1764	395	510
TOTALS	770	29	732	1066	7696	1946	1848

The number of infants attending for the first time under one year of age was 76.2% of the number of infants born during the year.

The amount of Milk Foods distributed at these Centres was 20,007 lbs.

A child welfare centre was started on 14th February, 1949, in the Methodist Schoolroom, Scopsley Lane, Whitley, sessions being held weekly with a nurse in attendance. In November it was decided to hold it fortnightly instead of weekly.

This centre is intended to serve Whitley village and the surrounding area ; mothers from this area had formerly to travel the long hill down to Thornhill Clinic if they wished to attend a centre.

In August the Earlsheaton welfare centre which was always congested at its fortnightly sessions was opened weekly and the number attending at each session became more manageable.

Attendances at clinics have declined somewhat but the council will appreciate that large attendances at clinics are not in themselves desirable ; what is required is that those who go shall be given enough time by the nurses and the doctors to explain their difficulties and to receive guidance in the care of the baby. On this basis, the attendances at the clinics are quite large enough.

During the year the council authorised the construction of a pram shelter to serve the Dewsbury Welfare Clinic and also the conversion of garages adjoining Ravensthorpe Clinic to serve as a pram shed at that centre.

BREAST FEEDING.

The Health Visitors were asked to make a careful note of the time when the babies ceased to be breast fed and the following table shows the findings. Unfortunately one small part of the borough was not covered by the enquiry but the figures are pretty well comprehensive and there is no reason to believe that the experience in that part will be very different from that in the rest of the town.

The table shows the findings related to babies born between May 1st, 1949 and January 31st, 1950. It will be seen that roughly two-thirds of the babies were breast fed entirely for 14 days, half for a month, one-third for three months and one-fifth for six months. Of 394 followed through for nine months 82, or approximately one-fifth, were completely breast fed for nine months.

It is quite clear that it is in the first month that the greatest loss of breast feeding takes place. It is only fair to say that in the first month a considerable number of the babies are partly breast fed.

Babies born 1st May, 1949 to 31st January, 1950, followed up until 31st July, 1950.

Age	Wholly breast fed	Breast and artificially fed	Wholly artificially fed	Died	Removed	Total
14 days	410	113	73	5	9	610
1 month	322	76	185	4	9	596
2 months	238	43	295	1	6	583
3 months	186	35	345	Nil	10	576
4 months	142	31	391	Nil	2	566
5 months	124	15	422	1	2	564
6 months	112	16	432	Nil	1	561
9 months	82	10	300	Nil	2	394

Babies born after October 31st, 1949, are not accounted for after the first six months and number 166.

Vitamin Supplements.

Fruit Juices and Cod Liver Oil are distributed through the Child Welfare Clinics in accordance with the Ministry of Health Circular dated 14th March, 1942.

Cod liver oil and also Vitamin A and D tablets are obtainable free of cost and mothers may obtain orange juice at 5d. per bottle, but although available at all the child welfare centres and at the ante-natal clinic (Moorlands Maternity Home) the take-up is disappointing.

The take-up of these supplements expressed as a percentage of " potential " or possible take-up is set out and the comparison with the experience of the country as a whole shews that Dewsbury mothers are not taking as much advantage of the scheme as might be expected.

Take-up as Percentage of Weekly Potential :—

	Orange Juice.	Cod Liver Oil.	A & D Tablets.
13 weeks ending Nov./48			
Dewsbury C.B.	32.7%	26.2%	32.0%
England	36.6%	34.8%	38.5%
13 weeks ending 28/5/49			
Dewsbury C.B.	26.0%	28.8%	27.9%
England	36.4%	37.5%	37.6%
13 weeks ending 27/8/49			
Dewsbury C.B.	29.3%	23.0%	26.1%
England	39.4%	26.8%	25.6%
13 weeks ending 27/11/49 ...			
Dewsbury C.B.	24.8%	24.2%	28.3%
England	33.7%	29.1%	38.4%

(Miss Blakeley, Officer in Charge, Dewsbury Food Office has kindly supplied these figures).

The health visiting staff has been increased and numbered 10 at the end of the year ; of these 7 were fully qualified, 2 were approved as temporary health nurses and 1 was a student health visitor.

Competent Health Visitors provide the key to success in the personal health services of an authority. Their duties are defined in the National Health Service Act 1946 (Section 24), as being, " for the purpose of giving advice as to the care of young children, persons suffering from illness and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection."

Their duty now includes not only giving advice in regard to the caring of children (a vital contribution to improved child life, and a necessary factor in the reduction of infant mortality) but also in regard to infectious disease, *e.g.*, especially in the care of children suffering from measles and whooping cough and other childish ills nursed at home ; again the health visitor should contribute to the welfare of old people ; she should be engaged in care and after care work of patients discharged from hospitals, in this case working with and under guidance from general practitioners. Her field of activity has extended enormously. The Authority appreciates the necessity for an adequate well trained competent staff of Health Visitors.

Dewsbury has been associated with the University of Leeds department of preventive medicine in the training of health visitors, and the students have had opportunities, by courtesy of the Health Committee, of doing practical work in the field, within the Borough. Unless there is unremitting attention to this side of the work of the health department, we may expect a worsening of the infant death rate and of child health generally. It is interesting (but it is too soon to make any claim) to note that the infant mortality rate in Dewsbury in 1949 the year in which this staff was substantially strengthened was down to 31 per 1,000 a record of which the town may be proud but a rate which still represents an excess of 10 or 11 per 1,000 above what is now regarded as in present knowledge the probable irreducible minimum. We are proceeding to implement the policy of the council in fusing health visiting and school nursing staffs and now only one nurse is engaged solely in school nursing duties.

The attendance at welfare centres declined slightly during the year but home visits increased substantially.

Student Health Visitors.

One was engaged in 1949 and she has qualified in 1950.

DAY NURSERIES.

Eightlands Day Nursery.

The nursery was open on 282 days including Saturdays. The attendance was as follows :—

Age	0—1 yr.	1—2 yrs.	Over 2 yrs.	Total
Attendances ...	1476	3697	2182	7355

Measles affected 20 children, chickenpox 2 and whooping cough 3. There were no known cases of scarlet fever, diphtheria or gastro-enteritis. Measles occurred in April and May.

The maximum attendance was 39 in September, (9 under 1 year of age and 30 over 1 year) and the minimum in Bank Holiday week in August was 19, (5 under 1 year and 14 over 1 year). The nursery was closed for one holiday week but was not closed on account of infectious disease.

There were 44 children on the rolls at the end of the year. All except one of the 43 mothers concerned were working full-time, and she was working part-time. There were also 75 children on the waiting list, all of whose mothers wished to work full-time.

During the year 6 children were admitted owing to their mothers being confined.

Decoration of the greater part of the premises and structural alterations to the matron's residential accommodation was carried out.

The staff numbered 17 at the beginning of the year and 20 at the end of the year. This number included 8 students : 3 students are counted as equivalent to 1 whole-time nurse.

Ravensthorpe Day Nursery.

This nursery was opened on 14th March, 1949, in the ground floor of East End Methodist Chapel, Ravensthorpe, which after conversion made a highly satisfactory nursery. Particular care was taken in regard to the colour effects, heating and ventilation. For the first seven months the main meals were provided by the Civic Catering Department but as this was not considered satisfactory, the nursery kitchen was suitably adapted and meals were prepared on the premises, a cook being engaged for the purpose. This has proved quite satisfactory.

The nursery was open on 224 days including Saturdays. The attendances were as follows :—

Age	0—1 yr.	1—2 yrs.	Over 2 yrs.	Total
Attendances ...	899	3098	1083	5080

No serious outbreak of infectious disease occurred, measles affected 4 children, impetigo 1 and scabies 1. There were no known cases of scarlet fever, diphtheria or gastro-enteritis.

The maximum attendance was 36, (7 under 1 year and 29 over one year) and the minimum was 21, (3 under 1 year and 18 over one year). The nursery was not closed on account of infectious disease or holidays.

There were 36 children on the rolls at the end of the year. All of the mothers concerned were working full-time. There were also 50 children on the waiting list, 45 of whose mothers wished to work full-time.

During the year no children were admitted to the nursery for social reasons other than the mother being at work.

The staff (nursing and domestic) numbered 10 at the opening of the nursery and 12 at the end of the year.

* * *

I made reference in my last report to the low salary paid to student nurses being inadequate for girls who had to give financial help to their families. Although it was understood then that the Whitley Council had this matter under review no improvement has been effected ; this has led to unsettlement and changes.

The estimated gross cost of the two nurseries was for the year ending March 31st, 1950, approximately £8,700, parental contributions being approximately £700.

DENTAL SERVICE.

Report by the Senior Dental Officer—J. R. Tuxford.

The dental treatment for expectant and nursing mothers and pre-school children, continued to be available at one clinic, on a somewhat restricted scale during 1949, due to lack of staff and changes in personnel.

The exact number of mothers referred from the ante-natal clinic is not known, but it was certainly much greater than 34 the number who in fact attended for examination and received treatment. All mothers attending the ante-natal clinics are asked to see either their own doctor or the dentist at the clinic.

Importance in the care of the teeth, of both mother and child is emphasised, as I consider that the preservation of the natural dentition is of primary importance. This fact seems to be appreciated by the patients and where possible, conservation treatment is carried out in preference to provision of dentures.

In 1949 the necessity for provision of dentures has dropped to 17% of all mothers examined, compared with 46% in 1948.

The dental inspection and treatment of the pre-school child has been carried out as usual. Extreme care and tact is required in this branch of the work as the confidence and trust of the child must be gained if one is to give treatment successfully without prejudicing the child for the rest of its life.

* * *

A house in Leeds Road was purchased for conversion to a central dental clinic but as the council have only one dentist no further steps have yet been taken to secure its conversion.

MATERNITY AND CHILD WELFARE DENTAL SERVICE, 1949.—STATISTICAL SUMMARY.

	Ante-Natal	Post-Natal	Pre-School
Actually inspected	34	9	50
Selected	34	9	50
Attending from above inspections	34	9	50
Attending from previous inspections	5	27	52
Total attending for treatment	39	36	85
Total attendances for inspection and treatment	106	157	187
Number of fillings	34	40	3
Number of teeth filled	32	39	3
Extractions by local anaesthetic	38	46	48
Extraction by general anaesthetic	—	110	25
Total Extractions	38	156	70
Number of general anaesthetics administered	—	7	19
Other operations teeth and gums	25	20	69
Other operations denture work	11	105	—
Number full dentures supplied	2	22	—
Number partial dentures supplied	3	13	—
Total number of dentures	5	35	—
Number of patients supplied with full upper and lower dentures	—	8	—
Number of patients supplied with dentures other than above	4	10	—
Total number of patients supplied with dentures	4	18	—
Dentures Repaired	2	1	—
Patients given complete treatment	12	29	57
Number of patients continuing treatment into next period	7	6	—
Number of patients not yet commenced treatment	1	—	—
Number of sessions devoted to Maternity and Child Welfare treatment	...	...	...

	Examined	Needing Treatment	*Treated	*Made Dentally Fit
Expectant and Nursing Mothers	43	43	75 (43)	45 (27)
Children under five	50	50	55 (50)	58 (50)

*The figures in brackets refer to patients examined previous to 1st June, 1949. Some cases treated had been examined in 1950.

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures Provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	194	46	7	74	45	—	10	—	24	16
Children under five	70	30	19	3	—	55	14	—	—	—

NURSING IN THE HOME.

(N.H.S. Act 1946, Section 25).

Throughout 1949 the home nursing services were provided by the County Borough of Dewsbury Nursing Association, Canon A. C. Rees being Chairman and Mrs. A. Kendall, Secretary.

The arrangements whereby the authority subsidises the Association by a 100% deficiency grant, subject to the estimates being submitted for prior approval by the Council, and also to direct representation of the Corporation by five council members on the committee, were continued as in 1948.

Staffing difficulty both on the nursing and domestic side continued throughout the year. Another male nurse (non-resident) was appointed to the staff in 1949, and there is no doubt that the two male nurses have been of great value to the service. One of them became a Queen's Nurse during the year after training at Leeds. Part-time non-resident women nurses have also been employed.

The work of the association is set out below and Miss E. McGuire (Superintendent of the Hostel) has kindly supplied the statement of cases nursed.

The home nursing service is of tremendous importance not only because it relieves a great deal of suffering but also because it enables so many people to be nursed at home. Hospital beds should be reserved for the investigation of obscure cases where special techniques or the use of expensive or complicated equipment is necessary or in which special clinical skill is essential. In the treatment of disease exactly the same considerations apply. In the care of children especially, nursing at home is greatly to be preferred to nursing in hospital, the disaster of separation from the mother and the risk of infection thereby being avoided; of course admission to hospital may be essential for medical reasons but unfortunately home conditions are often so bad that admission to hospital is necessary on social rather than medical grounds and this is one of the fields in which it is felt the Health Department can contribute to the efficiency of hospital administration by assessing priorities according to social need.

The home nurses work in close collaboration with the General Practitioners and there is every reason to believe that they appreciate the work carried out.

	No. of Cases brought forward	New Patients	Discharged Convalescent	Transferred to Hospital	Left District	Died	Remaining on books	Visits to Patients	
								Men	Women & Children
Female Nurses	93	512	377	53	11	86	78	322	13102
Male Nurses	25	244	159	26	4	57	23	4226	994
Totals	118	756	536	79	15	143	101	4548	14096

Total Visits by Male Nurses ...	5,220
Total Visits by Female Nurses	13,424
Grand Total ...	18,644

Statement of Cases Nursed, January 1st to December 31st, 1949.

Type of Case	Women		Men	
	No. of Patients	Visits	No. of Patients	Visits
Carcinoma	50	1342	16	359
Hemiplegia	50	1253	36	839
Cardiac	34	996	20	572
Bronchitis	16	348	8	108
Rheumatoid Arthritis ...	16	998	16	679
Tuberculosis	4	475	4	210
Diabetics	20	4498	1	410
Pneumonia	13	298	5	175
Prep X-Ray, Dressings, Scalds, etc.	120	880	121	436
Old Age	106	1559	38	476
Eyes	3	80	4	284
TOTALS	432	12727	269	4548

	Children over 1 year and under 16 years		Children under 1 year	
	No. of Patients	Visits	No. of Patients	Visits
Diabetics	1	20	—	—
Measles	2	25	—	—
Worms	9	122	19	240
Circumcision	4	30	126	772
Bronchitis	—	—	8	82
Ears	—	—	2	22
Eyes	—	—	2	56
TOTALS	16	197	157	1172

It should be noted that the attendances on women patients greatly exceed those on men patients and that children under 1 year take quite a substantial amount of home nursing much of which is associated with the trivial operation of circumcision.

I have the feeling that a great deal more home nursing of children is necessary and I consider the council should bear in mind the need for appointing one or more nurses specially experienced in the nursing of young children's diseases, so as to help the doctors in the home care of these cases. Night care is a difficult problem but it should be faced nevertheless ; it all depends on having an adequate staff.

The corporation have in 1950 agreed with the nursing association to take over the direct administration of the nursing services.

Diphtheria Immunisation and Whooping Cough Immunisation.

(N.H.S. Act, 1946 Section 26).

The number of children immunised during the year was 673 ; of these 569 were between 0 and 5 years, and 104 between 5 and 15 years ; the number aged less than 1 year was 295—still far too small and representing only 29% of the number of babies born in the previous year.

It is estimated that the number of children in the Borough immunised at the end of 1949 was 44.9% of those between 0 and 5 years, and 70.5% of those between 5 and 15 years, compared with 42.9% and 70.2% respectively at the end of 1948.

The number of immunisations carried out since 1935 when immunisation against diphtheria was first practised in Dewsbury are as follows :—

1935	77
1936	10
1937	76
1938	26
1939	19
1940	1680
1941	1865
1942	1350
1943	1675
1944	751
1945	615
1946	526
1947	899
1948	758
1949	673

These 673 immunisations include 379 children who received combined A.P.T. and Whooping Cough vaccine (Glaxo) in doses of ·5, ·5, and 1 c.c. at monthly intervals. Private doctors immunised 56 of the children against diphtheria and 39 against diphtheria and whooping cough (combined prophylactic).

In addition during the year 212 children received one single boosting dose, 182 of these children were between 5 and 15 years and 30 were under 5 years of age. It is apparent that a great many children who are immunised in the first and second year are not receiving a booster dose at school entry though the parents are encouraged to have it done.

Vaccination.

The following are the figures of vaccination against small-pox :—

Under 1	1—4	5—14	15 & Over	Total
19	24	4	7	54

The number of infant vaccinations performed in Dewsbury is trivial. If infant vaccination is to be of any use at all to the *community*, as distinct from the *individual*, a very much larger proportion of the infants must be vaccinated. Vaccination in infancy should be done in the first six months of life.

AMBULANCE SERVICE.

(N.H.S. Act, 1946. Section 27).

The ambulance service has been employed to full capacity during 1949. Two new ambulances were obtained during the year ; and the effective strength was at the end of the year 5 ambulances and 2 sitting case cars, but three of the ambulances are ageing. Equipment is satisfactory and two " Novox " resuscititation apparatus (O_2/CO_2) have been obtained during 1950, and all the personnel have been trained in artificial respiration, passing the Royal Life Saving Society's examination (Instructor : Mr. D. Grimes).

In my view all ambulances should have a heating system this is especially important in the transport of seriously ill people and of premature infants.

The staff was increased to 13 during the year ; two were appointed as head drivers ; the personnel were under the immediate direction of Mr. L. Banham (Transport and Cleansing Superintendent) as ambulance officer.

In all 9,303 journeys were made involving a mileage of 88,509 ; 16,440 patients were carried, averaging two per journey.

Consultations with the West Riding County Council, Leeds and other neighbouring county boroughs took place in September 1949 in regard to financial arrangements and mutual co-operation in the transport of patients, in particular hospital patients about to be discharged from the area of one authority in which the patient does not normally reside, back to the patient's home. Broadly speaking, the " knock for knock " system, a convenient arrangement so far as Dewsbury was concerned was maintained.

It should be noted that the number of patients carried increased by about one-half and the mileage by about one-third as compared with the experience of the second half of 1948.

We have not utilised the hospital car service. It will be noted that the number of patients carried has tended to increase during the second half of the year though no striking variations are evident and December shewed a reduction.

On a number of occasions informal contacts have been made with the Secretary of the Dewsbury Hospital Management Committee with a view to ensuring proper use only of the ambulances and cars, usually as a result of some instance of an overgenerous interpretation of the function of the service having come to light ; and co-operation has been quite satisfactory.

AMBULANCE SERVICE, 1949

Month	Patients Carried			Mileage		
	Ambulances	Sitting Case Cars	Total	Ambulances	Sitting Case Cars	Total
January	403	903	1306	1921	4453	6374
February	375	842	1217	1892	4582	6474
March	466	941	1407	2148	5100	7248
April	502	783	1285	1915	4573	6488
May	694	705	1399	3472	4884	8356
June	408	709	1117	2324	4413	6737
July	523	781	1304	2240	5155	7395
August	589	880	1469	2977	5094	8071
September	471	994	1465	2232	5513	7745
October	672	876	1548	2721	5404	8125
November	691	840	1531	3504	4893	8397
December	599	793	1392	2559	4540	7099
TOTALS	6393	10047	16440	29905	58604	88509
Monthly Average ...	533	837	1370	2492	4884	7375

CARE AND AFTER-CARE.

(N.H.S. Act, 1946, Section 28)

Home Visits by Tuberculosis Visitor.

First visits 34. Subsequent visits 1079. Total visits 1113.

Provision of Milk.

Number of patients supplied with milk during the year 134.
Number of pints of milk supplied during the year 64,181.

Other Care and After-Care.

Ten cases referred from hospitals were visited at home by the health visitors. Thirteen other persons (mainly old people) were visited, and many of these cases were visited on several occasions.

This is but a trifling contribution to the welfare of all the old people who could benefit by help from health visitors and similarly the after care work in respect of hospital cases in 1949 was almost negligible.

Although it would not be desirable to detail work carried out in 1950 it can be said that we are progressing, and the arrangements for notification by the hospitals of cases needing after-care are much more satisfactory.

Convalescent Care.

In February 1949 the Council approved the Medical Officer of Health's proposals in respect of the provision of facilities for convalescent care under Section 28 of the National Health Service Act.

During the year 8 cases were afforded convalescent care at a net cost to the council of £77.

It is disappointing to find so little advantage has been taken of this service ; on the other hand obviously it is one which is very readily open to abuse.

Loan of Nursing Requisites.

The general practitioners were asked to make suggestions as to what goods would be useful.

Goods are loaned either free or at a very small weekly charge according to circumstances.

Nursing Requisites were loaned as follows :—

Air rings (16), rubber mattresses (1), rubber sheeting (5), bed pans (13), urine bottles (3), back rests (7), bed tables (1), feeding cups (1), sputum cups (2), invalid chairs (1).

In addition loans of nursing requisites were made by the District Nursing Association to patients who were being nursed at home by the staff.

The tuberculosis visitor who is responsible for the care and after-care of tuberculosis patients, attends the Dispensary Clinical session at the Dewsbury centre (Northfields House) twice a week and acts as clinical nurse ; this arrangement is a useful one as she is enabled thereby to understand the clinical state of the patient and this association with the chest physician —the new name for the clinical tuberculosis medical officer— renders her more useful to the patients in the care and after-care work. Though the Regional Board have the responsibility of clinical care of the tuberculosis patients and now control on behalf of the Minister tuberculosis sanatoria dispensaries, and mass minature radiography, the domiciliary medico-social care of the patient and the families is a duty of the local health authority. Dr. Viner was in the latter part of 1949 responsible for the clinical work, succeeding Dr. Galvin, who carried on with his former duties in regard to tuberculosis until leaving the town.

The work of the Tuberculosis visitor is set out below.

Home visiting.

Visits to New Cases	36
Visits to Patients under Domiciliary Treatment	734
Visits to Patients re non-attendance at Chest Clinic ...	45
Visits to homes of patients in Sanatoria	85
Visits to Contacts	154
Unsuccessful Visits	59
Totals	1113
Chest Clinics Attended	77
Visits to Whitley Sanatorium	10
Attending Patients to Sanatorium : outside the Borough	4

V. D. SOCIAL WORK.

The council joined with the West Riding County Council in providing the services of a V. D. Social Worker who is centred on Dewsbury General Infirmary Special Treatment Centre.

Details of the work carried out by the social worker are set out below.

Number of cases followed up as defaulters :

Syphilis	68
Gonorrhoea	44
Non-venereal	4

Of the 68 cases of syphilis followed up 39 attended the treatment centre, 5 had left the district, 10 were untraceable and 14 failed to attend at the centre. Of the 44 cases of gonorrhoea followed up 21 attended the treatment centre, 3 had left

the district, 6 were untraceable and 14 failed to attend the centre. Two of the non-venereal cases attended the treatment centre and two failed to attend.

Number of cases traced as contacts :

Syphilis 9

Of the 9 contacts, 6 attended the treatment centre and 3 failed to attend.

Number of Dewsbury cases as alleged sources of infection :

8 cases.

5 of these cases were traced and subsequently attended the treatment centre. in three of the cases there was insufficient particulars given for the persons to be traced.

Total number of visits made for all purposes.:

344 visits.

Miss Davie makes the interesting suggestion that where an infant is born to a mother who is known to have suffered from syphilis and where freedom from syphilis has not been assured in the infant, the child should be seen at two years of age under the Education Act by an expert venereologist at a centre other than a Special Treatment Centre so that the child can be examined and if necessary treated.

This may prove a useful safeguard to children since it is clear that in the past considerable numbers of children affected by the disease have been missed in infancy only to show the later effects at puberty, a disaster which should certainly be avoided if possible.

HEALTH EDUCATION.

Health Educational film shows have been given in six senior schools in the borough.

As previously the department issued leaflets on health topics printed and supplied by the Central Council of Health Education, to which the council make an annual grant of £14 ; during 1949 the council have exhibited, in series, the exhibition stands issued by the Central Council covering the following subjects :—diphtheria immunisation, sleep, food and drink, and the national health service.

A six weeks' publicity campaign to stimulate interest in diphtheria immunisation commenced on 13th June, 1949 but the results were not impsresive.

DOMESTIC HELP.

(N.H.S. Act, 1946, Section 29)

At the beginning of the year there were 3 whole-time home helps and 3 part-time home helps. The establishment was increased by 4 whole-time home helps and 2 part-time home helps during the year and at the end of the year the number employed was 7 whole-time and 5 part-time home helps. There was a considerable turnover in the staff, 8 workers leaving during the year. Sickness among the staff was a problem and the total number of days lost was 483½ the number of days of " paid sick leave " being 269½. It must be remembered that the average age of the home helps was 45 years. The home helps are paid 1/8¼d. an hour and bus fares ; uniform overalls are provided and household equipment is loaned where strictly necessary. No special training was offered to home helps and this is a matter which requires consideration.

The classes of families helped included those where the basis of application was (a) maternity (b) acute illness (especially in mothers of young children) (c) old age (d) mental defect. Maternity cases are given absolute priority and with a shortage of staff compared with the demand this resulted in a number of less urgent cases having to forego their home help—a by no means agreeable situation. The demand and the genuine need are not necessarily the same but experience here is that the applications for help have been genuine ; a medical certificate is required. Checks of income have been made in a few cases. The number of cases in the different categories assisted during 1949 are shewn below.

	No. of cases helped		No. of hours worked	Percentage of hours worked
	Whole-time	Part-time		
Maternity	36	10	5109½	42%
Acute Illness	5	7	852½	7%
*Old Age and Infirmity ...	1	55	4066½	33%
Mental Defect	—	1	53½	·5%
Chronic Sickness	1	13	2048½	16·5%
Others	—	2	132	1%
TOTALS	43	88	12262½	100%

*All women over 60 years and men over 65 years who have had home help are included in this group.

The fractional system of employment has been employed inasmuchas a worker sometimes attends a number of households in one week but the helps do not split a morning or an afternoon for different households. The home helps have been

given a bonus for dealing with extremely dirty houses usually associated with those cases where action has been taken or contemplated under Section 47 of the National Assistance Act (compulsory removal of old people in certain circumstances).

The cost of the service was £2341 for the year. The amount recovered was £89 or 3·7% of the cost ; the council's scale of recovery of charges is extremely generous to those helped.

It will be appreciated that this financial statement refers to the financial year and therefore is not strictly applicable to the work discussed above.

The service is supervised by Miss Mahon who is also a health visitor. In some ways this is of advantage since priorities can be well assessed by a health visitor but I regard it as desirable that there should be a whole-time organiser and if and when the staff increases (as it must do if the needs are to be met) the council should consider this matter.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

The Prevalence of Notifiable Infectious Diseases. (Other than Tuberculosis).

Disease	Total Cases Notified	Finally so Diagnosed	Cases admitted to Hospital	Total Deaths
Scarlet Fever	149	139	100	1
Diphtheria	8	6	7	—
Erysipelas	9	8	4	—
Puerperal Pyrexia	8	8	8	—
Ophthalmia Neonatorum ...	1	1	1	—
Pneumonia	14	14	4	33*
Measles	629	629	5	1
Whooping Cough	172	172	3	—
Para-typhoid & Typhoid Fever	4	3	3	1
Dysentery	9	9	1	—
Cerebro Spinal Fever ...	4	4	4	1
Food Poisoning	31	31	1	—
Poliomyelitis	24	22	19	4
	1062	1046	160	41

* Some cases of pneumonia are not notifiable. The deaths from pneumonia are not related to the notifications.

NOTIFIABLE DISEASES OTHER THAN TUBERCULOSIS. SHOWING AGE GROUPS.

The number in brackets shew the number of cases after correction for changes in diagnosis, where this number differs from the number of notifications.

Disease	Under 1 year	1—2	2—3	3—4	4—5	5—10	10—15	15—20	20—35	35—45	45—65	65 & over	Totals
Scarlet Fever	1 (–)	3	12 (11)	13 (12)	24 (22)	73 (68)	12	3	6	—	2	—	149 (139)
Diphtheria	—	—	1	1 (–)	—	—	1	1	3 (2)	—	1	—	8 (6)
Erysipelas	—	—	—	—	—	1	—	1 (–)	1	1	5	—	9 (8)
Puerperal Pyrexia ...	—	—	—	—	—	—	—	—	7	1	—	—	8
Ophthalmia Neonatorum	1	—	—	—	—	—	—	—	—	—	—	—	1
Pneumonia	1	1	1	—	1	—	1	—	4	—	1	4	14
Measles	26	74	125	113	95	193	1	1	1	—	—	—	629
Whooping Cough ...	18	22	27	23	22	53	3	—	1	1	2	—	172
Typhoid & Para-typhoid ...	—	—	1	—	—	—	—	2 (1)	—	—	1	—	4 (3)
Dysentery	—	1	—	1	—	3	—	1	1	2	—	—	9
Cerbro Spinal Meningitis	1	—	—	1	—	1	—	—	—	—	1	—	4
Food poisoning	1	2	4	2	1	—	1	1	7	4	7	1	31
Poliomyeltis	2	2	1	3	1 (–)	5	4 (3)	2	4	—	—	—	24 (22)
TOTALS ...	51 (50)	105	172 (171)	157 (155)	144 (141)	329 (324)	23 (22)	12 (10)	35 (34)	9	20	5	1062 (1046)

DETAILS OF THE NOTIFICATION OF INFECTIOUS DISEASES OTHER THAN TUBERCULOSIS DURING THE TWELVE MONTHS OF THE YEAR 1949.

The number in brackets shew the number of cases after correction for changes in diagnosis, where this number differs from the number of notifications.

Disease	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Scarlet Fever	13	7 (6)	10	8 (7)	10	6 (5)	6 (5)	4	10	15 (13)	32 (30)	28 (26)	149 (139)
Diphtheria	6 (5)	—	—	—	—	—	1 (–)	—	—	1	—	—	8 (6)
Erysipelas	—	1	—	2	—	1	1	1	3 (2)	—	—	—	9 (8)
Puerperal Pyrexia ...	—	1	1	—	1	3	—	—	1	—	1	—	8
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	1	1
Pneumonia	2	1	1	—	3	2	—	1	—	2	2	—	14
Measles	31	15	54	148	126	116	108	25	6	—	—	—	629
Whooping Cough ...	61	37	24	18	5	6	13	2	1	1	3	1	172
Typhoid & Paratyphoid ...	—	1	—	—	—	—	—	2	1 (–)	—	—	—	4 (3)
Dysentery	—	1	—	—	—	—	—	—	8	—	—	—	9
Cerbro Spinal Meningitis	—	—	1	2	1	—	—	—	—	—	—	—	4
Food Poisoning ...	—	—	—	22	5	—	4	—	—	—	—	—	31
Poliomyelitis	—	—	—	—	—	6	11 (9)	4	2	1	—	—	24 (22)
TOTALS ...	113 (1)	64 (1)	91	200 (1)	151	140 (1)	144 (4)	39	32 (2)	20 (2)	38 (2)	30 (2)	1062 (16) (1046)

Diphtheria.

Early in the year a small but sharp outbreak of diphtheria in two families reminded us of a danger which we were inclined to think as past in consequence of the active campaign for diphtheria immunisation. It is worth recalling that until three-quarters of the population are immunised and this rate maintained, the safety of the borough from this disease cannot be assured, although even the present rate (44.9% in pre-school children and 70.5% in school children) is undoubtedly a most valuable if not complete safeguard.

On the 29th January a boy aged 13 years was admitted from Shaw Cross to the fever hospital with severe diphtheria. He had extensive membrane on the tonsils and palate and marked swelling of the neck glands (" bull neck "). He had been ill since 26th January (sore throat). Next day after enquiries by Dr. Galvin four more persons were admitted, all with diphtheria. The cases were from two families in the same neighbourhood four being from one house with six persons, and the fifth from a family of four persons.

It was found that the first case admitted, the boy, was not the first in the series ; his sister aged 19 had had a sore throat on 11th January and on admission had nasal discharge and excoriation ; another sister, a married woman living with her husband in the same house, had had a sore throat on the 18th January ; and his mother aged 50 had had a sore throat on the 26th January. These three cases shewed congestion of the throat but no membrane, when admitted to hospital.

A child aged two living in another house who however stayed during the week at the house in which the first family lived, and was at home only at the week-end, was admitted also on the 30th January having commenced to be ill on the 28th January with headache and later sore throat ; this child had a small patch of membrane on each tonsil.

The rest of both households were unaffected, namely the boy's father and his brother-in-law and the baby's father and mother and schoolchild brother.

In neither house had any one been immunised and this might point a lesson to those " who have ears to hear." The boy was extremely ill developing paralysis of the palate, face and pharynx, and heart-muscle weakness ; he was in hospital over three months, but finally recovered satisfactorily ; the others were not seriously ill, though signs of cardiac involvement were evident in the young women. The total number of days in hospital of all the cases was 295. In all five cases Gravis (virulent) Diphtheria was proved to be present either in the nose or throat or both. The initial case in the series was clearly

the girl aged 19 who had not apparently been attended by a doctor though she had been off work ; on admission only her nose yielded the organisms.

Three further cases were notified during the year, in two of these the final diagnosis was not diphtheria.

Measles, etc,

Measles was again epidemic the incidence being greatest from April to July, approximately two-thirds of the cases notified were in children under 5 and almost all the others were between 5 and 10 years of age. Similarly whooping cough notifications affected the under five's in two-thirds of the cases and almost all the remainder were in the 5—10 year age group. Whooping cough was most prevalent in the first quarter of the year, scarlet fever in November and December. Dysentery was uncommon ; dysentery is notoriously under-notified. Poliomyelitis was notified in twenty-four cases from June to October, two were unconfirmed.

Food Poisoning.

The information required by the Ministry of Health on food poisoning outbreaks is included below.

APPENDIX I.

ANNUAL RETURN OF FOOD POISONING NOTIFICATIONS (CORRECTED).

1. *Local Authority*—DEWSBURY. *Year*—1949.
2. **Food Poisoning Notifications (Corrected) Return to R.G.**
   1st Quarter 1. 2nd Quarter 27. 3rd Quarter 5. 4th Quarter Nil.
3. **Outbreaks due to Identified Agents.**
   Total Outbreaks 3. Total Cases 31.
   Outbreaks due to :—
   (*a*) Chemical Poisoning Nil.
   (*b*) Salmonella Organisms 2. (S. Typhimurium) (S. Newport).
   (*c*) Staphylococci (including toxin) 1. (S. Aureus).
   (*d*) Cl. Botulinium Nil.
   (*e*) Other Bacteria Nil.
4. **Outbreaks of Undiscovered Cause.**
   Total Outbreaks Nil. Total Cases Nil.
5. **Single Cases.**
   Agent Identified 1. S. Typhimurium 2. S. Enteriditis.
   Unknown Cause 1. (No Organism Isolated from Stools, etc.)
   TOTAL 3.

FOOD POISONING OUTBREAKS

(Summary of Details).

Outbreak I.

The patients in this outbreak were some of the 45 persons affected after eating dinner at an Hotel in Yorkshire, on Sunday the 10th July, 1949. The Dewsbury patients were all members of the same family.

1. **Food Causing Outbreak.** Ice Cream.
   Agent Causing Outbreak. Salmonella Newport.
2. **Cases Forming Outbreak** which occurred from 11th to 12th July, 1949.
   Total Notified 4. Total Ascertained 4. Fatal Nil.
3. **Clinical Features.** Average interval ingestion to onset (hrs.)=24 hrs.
   Main Symptoms, etc., Diarrhoea (yellow watery stools, no blood, no mucus), Sickness, Headache.
   Severity of illness. Quite ill, compelled to stay in bed, but not dangerously ill.
   Duration of Illness. 5 days in bed, weak for several more days.
4. **Results of Laboratory Investigation (Summary).**
   Cases. All proved POSITIVE stools = S. Newport isolated.
   Food Samples Nil. *Food Handlers* Nil. *Other* Nil.
5. **Origin and Preparation of Food Causing Illness.**
   Dr. Hunter, Public Health Dept., SKIPTON, investigated the origin of these cases, attributed to ice cream.
6. **Place at which Food Causing Illness was Consumed.**
   An Hotel in Yorkshire.
   Estimated Number of Consumers at Risk. Not known.
7. **Probable Origin of Infection on Contamination of Food.**
   See Dr. Hunter's Report.

About this time S. Newport was being found in Bradford, before and after this occurrence.

Outbreak II.

1. **Food Causing Outbreak.** Not known.
   Agent Causing Outbreak. Typhimurium.
2. **Cases Forming Outbreak** which occurred from 26/4/49 to 5/5/49.
   Total Notified 4. Total Ascertained 4. Fatal Nil.
3. **Clinical Features.** Average interval ingestion to inset (hrs.) = Not known.
   Main Symptoms, etc. Headache, Vomiting, Diarrhoea.
   Severity of Illness. Slight, " seedy " for about a week but only one in bed feverish, and only for one day.

4. **Results of Laboratory Investigation (Summary).**
Cases. S. Typhimurium in faeces of 4. *Food Handlers* Nill.
Food Samples Nil. *Other* Nil.

5. **Origin and Preparation of Food Causing Iillness.**
Not known.

6. **Place at which Food Causing Illness was Consumed.**
Not known.

7. **Probable Origin of Infection or Contamination of Food.**
Not known.
Contributory Factors Nil.

Nothing could be established as to the origin of infection.

Outbreak III.

This statement should be collated with reports dealing with the same outbreak which affected Dewsbury and Ossett and one other Yorkshire town (at least) within the space of two or three days.

1. **Food Poisoning Outbreak.** Meat (Pork) Pies.
Agent Causing Outbreak. Staphyloccus (Aureus).

2. **Cases Forming Outbreak which Occurred from 27th April, 1949 (1 day).**
Total Notified (in Dewsbury 22. Total Ascertained 22. Fatal Nil.
(It is known there were also 22 cases in Ossett due to the same foodstuff from the same shop).

3. **Clinical Features.** Average interval ingestion to onset (hrs.) = 3 hours.

Main Symptoms, etc. Vomiting, Diarrhoea, Abdominal Pain, Shivering.

Severity of illness. Older and very young patients were severly ill for a short period. Most of those affected were quite ill, but not dangerously so. Two aged adults were admitted to hospital from one house (partly because of the nursing question) and one woman was admitted who was very ill having been unwell before eating the foodstuff. Some of the children were quite seriously ill, one having convulsions.

Duration of illness. 12 hours.

4. **Results of Laboratory Investigation (Summary).**
Cases. Faeces. Vomit. Positive for Staphylococci.
Food Handlers. Positive for Staphylococci (investigated in South Yorkshire).

Food Samplers. Pies positive for staphylococci.

5. **Origin and Preparation of Food Causing Illness.**
Meat Pies (pork) prepared in another part of Yorkshire. 80 dozen pies had been prepared of which 13 dozen came to Dewsbury and were supplied to Dewsbury and Ossett customers.

6. **Place at which Food Causing Illness was Consumed.** At home. **Estimated Number of Consumers at Risk.** 156 pies sold—probably to 80-100 households in Dewsbury and Ossett.

7. **Probable Origin of Infection or Contamination of Food.**
One of the food workers had a severe head cold but he was nose swab negative. Another was found to be a staphylococcus carrier (nasal). 3 other persons engaged in preparing the pies shewed presence of staphylococci on their wrists (the bacteriological investigations were not entirely conclusive). A copy of a technical report by Dr. W. F. Lane, of the Medical Research Council's Laboratory, Wakefield on the bacteriological findings was also submitted to the Ministry of Health.

MENTAL HEALTH SERVICE.

The Mental Health Sub-Committee composed entirely of members of the council meets monthly and no delegation of duties to voluntary bodies has been found necessary.

MENTALLY ILL PERSONS.

The following table shows the number of cases in mental hospitals at 31st December, 1949 :—

	Certified		*Voluntary*	
Name of Hospital	*M*	*F*	*M*	*F*
Stanley Royd Hospital, Wakefield ...	19	3	1	2
Storthes Hall Mental Hospital ...	39	61	3	7
Burntwood, Staffs. ...	—	1	—	—
	58	65	4	9

Admissions and discharges to and from mental hospitals during the whole year are shown below :—

Admissions :

Male :	Certified	10
	Voluntary	5
Female :	Certified	25
	Voluntary	9
	Sec. 20 & 21A	2
	Total	51

Discharges :			
Male :	Certified	9	(including 5 deaths)
	Voluntary	5	
Female :	Certified	17	(including 11 deaths)
	Voluntary	15	(including 6 deaths)
	Sec. 21A	1	(including 1 death)
	Total	47	

During the latter part of the year great difficulty was caused by a shortage of beds for the voluntary, and certified senile, cases.

Work of Duly Authorised Officers.

In addition to their statutory duties under the Lunacy and Mental Treatment Acts they are responsible for the supervision of mental defectives and this includes supervision of and making reports on mental defectives out on licence from institutions.

Mentally Ill.

	Male	Female
Visits in connection with cases certified ...	21	56
Visits in connection with cases admitted voluntary	7	15
Visits to cases in which action was taken under Sec. 20 L.A. 1890	—	3
Visits made but no action taken	19	35
TOTAL VISITS	47	109
Cases removed to Mental Hospital out of office hours	5	14

Mental Health Worker.

A brief summary of the cases dealt with by the Mental Health Worker and under care at the 31st December, 1949, is given below :—

Classification by Diagnosis.

Cases :	*M.*	*F.*	*Total*
Psychosis	7	6	13
Organic type of disorder	1	3	4
Psychoneurosis	8	5	13
Amentia	2	1	3
	18	15	33

Referring Agencies.

	M.	*F.*	*Total*
Health Department—Medical & Nursing Staff	5	4	9
General Practitioner	1	4	5
Self referred...	2	1	3
Consultant Psychiatrist	—	2	2
Regional Hospital Board	2	—	2
Other L.H.A.S.	2	3	5
Mental Hospitals	1	1	2
Others	5	—	5
	18	15	33

Classification by Disposal.

	M.	*F.*	*Total*
Under social care	15	2	17
Referred for psychiatric treatment in mental hospital or as out-patient ...	1	4	5
Referred to D.A.O. for certification ...	—	5	5
Referred to Neurosis Centre	1	—	1
Diagnostic Social History only	1	4	5
	18	15	33

Interviews—285.

Referring Agencies.

	Male	Female	Total
Health Department, Medical & Nursing Staff	5	4	9
General Practitioners	1	4	5
Self Referred	2	1	3
Consultant Psychiatrist	—	2	2
Regional Hospital Board	2	—	2
Other Local Health Authorities ...	2	3	5
Mental Hospitals—After Care :			
Storthes Hall	—	1	1
Stanley Royd	—	—	—
Mental Hospitals—Cases other than for after-care :			
Storthes Hall	1	—	1
Stanley Royd	—	—	—
Others	5	—	5
Total	18	15	33

OCCUPATION CENTRE.

The former occupation centre for mentally defective children originally commenced as a voluntary venture and was taken over by the Council in April, 1936 and housed in basement rooms in the Municipal Buildings, Halifax Road ; it was closed down at the outbreak of war (1939) to provide A.R.P. First Aid Premises.

During 1949 the Committee gave much thought to the re-establishment of such a centre. At first it was intended to utilise, after suitable conversion and internal modifications, a prefabricated building erected during the war as a fire service depot on a site in North Park Street. After objections by local residents, and after consideration of the purpose for which the land had been originally offered as a gift to the Council, the council utimately decided not to proceed with this scheme.

The need of course remained as pressing as ever ; and I am pleased to be able to report that after considering various sites the Council have now (1950) appropriated to the Health Committee a suitable site of just over half an acre in Orchard Street, Savile Town, for this purpose.

There were at the end of 1949, nine children under 16 who were under statutory supervision as mental defectives, four children in respect of whom notification to the Health Committee as ineducable under Section 57 of the Education Act 1944 was proceeding, and 20 other children believed to be ineducable but not then " ascertained " formally under the Education Act. Investigation of these cases is proceeding.

The Council have decided (and rightly, in my view) to cater in this occupation centre for mentally defective children of from 2—16 years of age. They must by law be excluded from school when discovered and notified and yet no effective alternative form of care has been made available to them.

These children have been called by their parents " forgotten children." That is not quite true but they are children who cause their parents great anxiety and hardship and for whom the country does not do enough. There are not enough places for them in institutions and no facilities at home.

Home teaching though inadequate would be better than nothing and this provision might be considered by the Council as an interim measure.

Training at this age in an occupation centre in very many cases contributes greatly to their happiness and makes a material improvement in their self-management and indeed their behaviour. For the child kept at home and many of the best parents wish (not always wisely perhaps) to keep these children at home, help such as that offered in an occupation centre during approximately school hours is essential. Nursery school methods appropriately adapted are essential, and there is much to be said for placing a sympathetic and experienced nursery school teacher in charge of such a centre, aided by others with experience in instruction in various crafts, physical training, music and the like.

An occupation centre is one of the pressing needs of the town ; every effort should and must be made to ease the lot of the parents of these children and what is equally important to help the youngsters themselves to be happy, occupied, clean and so far as their mental endowment will allow useful to others.

CARE OF MENTAL DEFECTIVES.

Institutional Provision.

At the end of 1949, there were 81 mental defectives from Dewsbury in Institutions. 45 were males and 36 families (including 8 cases, 7 males and 1 female " on licence leave " from St. Catherine's Certified Institution, Doncaster).

These defectives were housed as follows :—

	Males.	Females.
St. Catherine's Certified Institution ...	28	31
Rampton State Institution	1	3
Monkton Hall, Jarrow	2	—
Whixley Mid-Yorks Institution	2	—
Brandesburton Hall Institution	1	—
Rawcliffe Hall Institution	—	1
Winestead Colony	1	—
Westwood Institution	1	—
Oulton Hall Institution	2	—
	38	35

Guardianship.

There were 13 mental defectives under guardianship, 8 were males and 5 females. Allowances paid during the year amounted to £616 2s. 6d.

In February, 1949, the council agreed to increase the allowance to guardians of mental defectives to £1 2s. 6d. per week, clothing allowances to be discontinued.

During the year 2 cases were submitted to the Board of Control with the recommendation that the guardianship orders should be discharged in view of the power of the National Assistance Board to make assistance grants to mental defectives under Circular 177/48.

Statutory Supervision.

There were 24 mental defectives under statutory supervision, 20 males and 4 females, and of these 9 were under school leaving age.

Education Act 1944, Section 57 and Education Act (Miscellaneous Provisions) 1948, Section 8.

Cases notified under Section 57 (3) 6 males and 1 female.
„ „ „ „ 57 (5) 1 female.

Authorised Officers' Visits to Mentally Defective Persons.

			Children under 16	
	Men	Women	Male	Female
3-monthly visits	S.S. 48 G. 32	12 20	32 —	4 —
Other visits in regard to	S.S. 10	3	5	—
	G. 15	5	—	—
	L.L. 39	6	—	—
Not ascertained	25	20	11	16
TOTAL VISITS	169	66	48	20

S.S.=Statutory Supervision. G.=Guardianship. L.L.=Licence Leave.

National Assistance Act, 1948, Section 47.

This section empowers the authority on certification by the Medical Officer of Health to require the removal to hospital or institution, subject to approval by a court, of persons who

(*a*) are suffering from grave chronic disease, or being aged, infirm or physically incapacitated, are living in insanitary conditions, and

(*b*) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

This section is an important one. I am inclined to the view that in some cases we should not wait until the patient is very ill before insisting on his removal. This should however only be done if the hospital has a genuine geriatric service imbued with the modern outlook on the care of the aged and chronic sick.

During 1948 no one was removed to hospital under this section. In one case proceedings were about to be initiated (the committee's approval having been obtained) when the patient collapsed at home and was taken to hospital on the 9th November, 1948, where she died within 24 hours, the cause of death being returned as toxaemia from malignant growth of left breast. This patient was a lady of 84 years who was suffering from advanced cancer of the breast, and whose house was in an appallingly filthy condition. Arrangements were made for both herself and an aged lodger to go into hospital. The lodger went in on 16th October, 1948, but she refused. On a subsequent occasion she promised to go into hospital but again

refused when the ambulance arrived. She was quite incapable of caring for herself and it was felt that it was dangerous to leave her alone in the house in which she maintained a large fire, inadequately guarded. Neighbours collected her rations for her.

During 1949 action was considered under Section 47 in respect of four women ; in two cases great difficulty had been found in securing admission to hospital and in two the patient did not wish to enter hospital. By persuasion of the patients, and by the co-operation of the Secretary of the Hospital Management Committee, formal action under this section was rendered unnecessary. Three of these patients died in hospital two months, five months and four months respectively after admission, and one is still alive in hospital a year later.

CANCER.

No. of Deaths from Cancer during 1949 ...	114
Rate per 1,000 population	2.16

Deaths from Cancer in Age Periods :—

	M.	F.	Total
Under 15 years	—	1	1
15 to 45 years	2	2	4
45 to 65 years	25	23	48
Over 65 years	23	38	61
	50	64	114

Cases requiring X-Ray therapy or radium treatment are transferred from local hospitals to the Leeds General Infirmary.

TUBERCULOSIS.

Notifications.

Total Number of Cases notified under Tuberculosis Regulations (1930) at the end of 1949.

	M.	F.	Total
Pulmonary Tuberculosis	74	57	131
Non-Pulmonary Tuberculosis	54	45	99
	128	102	230

Summary in Age Groups.

Age	Pulmonary			Non-Pulmonary		
	M.	F.	Total	M.	F.	Total
0—5	1	1	2	2	4	6
5—15.. ...	5	1	6	21	16	37
15—25.. ...	16	12	28	8	7	15
25—35... ...	14	20	34	11	11	22
35—45... ...	11	8	19	8	3	11
45—55... ...	16	8	24	2	3	5
55—65... ...	7	5	12	2	1	3
65 upwards ...	4	2	6	—	—	—
Totals	74	57	131	54	45	99

Tuberculosis Mortality, 1949.

Age Periods	Respiratory			Non-Respiratory		
	Male	Female	Total	Male	Female	Total
0—	—	1	1	—	—	—
1—	—	—	—	1	—	1
5—	—	—	—	—	—	—
15—	3	6	9	2	1	3
45—	2	—	2	2	—	2
65—	—	—	—	—	—	—
TOTALS	5	7	12	5	1	6

Mortality from respiratory tuberculosis :—0.23 per 1,000 population.
Mortality from non-respiratory tuberculosis :—0.11 per 1,000 population.
Mortality for England and Wales :—not available.

Pulmonary Tuberculosis was voluntarily notifiable in Dewsbury from 1907 and compulsorily notifiable throughout the country from 1912. The decline in the notifications and deaths over the years is well shewn in the table below and the downward trend in the number of both notifications and deaths still continues ; it is disquieting however to observe that the number of notifications of non-pulmonary tuberculosis has increased in each successive year since 1946.

TUBERCULOSIS.

Year	Notifications			Deaths		
	Pulmonary	Non-Pulmonary	Total	Pulmonary	Non-Pulmonary	Total
1912—1915 (average)	107·5	31·7	139·2	51·8	16·8	68·6
1916—1920 (average)	97·4	15·6	113	42·4	11·6	54
1921—1925 (average)	43·6	9·4	53	33·6	9·2	42·8
1926—1930 (average)	38·6	15·2	53·8	36·6	9·4	46
1931—1935 (average)	41·4	18·8	60·2	32·2	7·4	39·6
1936—1940 (average)	45	21·6	66·6	22·8	5·8	28·6
1941—1945 (average)	31·4	12·6	44	20·6	9·0	29·6
1936	42	23	65	24	12	36
1937	55	22	77	22	8	30
1938	51	29	80	16	6	22
1939	32	15	47	25	2	27
1940	45	19	64	27	1	28
1941	39	19	58	28	6	34
1942	31	4	35	19	15	34
1943	32	10	42	20	11	31
1944	29	11	40	16	5	21
1945	26	19	45	20	8	28
1946	20	12	32	11	5	16
1947	31	15	46	19	9	28
1948	22	18	40	13	5	18
1949	26	20	46	12	6	18

In 1949 the newly notified non-pulmonary tuberculosis cases included neck glands (8), abdomen (5), bones and joints, (4) meninges (3).

Non-Pulmonary Tuberculosis Notifications.

Year	Cervical Glands		Bones & Joints		Abdo-men		Menin-ges		Kid-neys		Others		Total M & F
	M	F	M	F	M	F	M	F	M	F	M	F	
1943	1	1	4	1		2					1		10
1944	2	2	2	2				1			1	1	11
1945	4	7	1	4		2			1				19
1946	2	2	4	3			1						12
1947	1	7	1	4		1					1		15
1948	3	4	1	2	4	2	1				1		18
1949	5	3	3	1	4	1	2	1					20

During 1949 no difficulty was found in accommodating Dewsbury tuberculosis patients who needed and were willing to accept sanatorium treatment. They were admitted either to Whitley Sanatorium or to others in the county where more active forms of treatment were practicable, according to the circumstances of the case. It is by no means certain however that that fortunate state of affairs for Dewsbury residents will continue, as admissions are no longer arranged locally : other areas may benefit, and Dewsbury may suffer.

VENEREAL DISEASES.

Treatment of this disease was carried out at the Dewsbury General Infirmary.

Particulars of the treatment and the number of cases, are given in the following tables :—

RETURN RELATING TO ALL PERSONS WHO WERE TREATED AT THE TREATMENT CENTRE AT DEWSBURY & DISTRICT GENERAL INFIRMARY DURING THE YEAR ENDED THE 31ST DECEMBER, 1949.

	Syphilis		Gonorrhoea		Other Conditions		Totals	
	M	F	M	F	M	F	M	F
1. Number of patients on 1st January under treatment or observation	137	109	64	57	52	28	253	194
2. Number of patients removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection	1	2	1	—	—	—	2	2
3. Number of patients dealt with for the first time during the year under report (exclusive of those under Item 4) suffering from :—								
(*a*) Syphilis, primary	2	2	—	—	—	—	2	2
(*b*) „ secondary	2	7	—	—	—	—	2	7
(*c*) „ latent in 1st year of infection†	4	9	—	—	—	—	4	9
(*d*) „ cardio-vascular*	8	5	—	—	—	—	8	5
(*e*) „ of the nervous system* ...	5	3	—	—	—	—	5	3
(*f*) „ all other late or latent stages*	8	17	—	—	—	—	8	17
(*g*) „ congenital (under 1 year) ...	1	—	—	—	—	—	1	—
(*h*) „ congenital (over 1 year) ...	2	2	—	—	—	—	2	2
(*i*) Gonorrhoea	—	—	37	19	—	—	37	19
(*j*) Chancroid	—	—	—	—	—	—	—	—
(*k*) Lymphogranuloma inguinale	—	—	—	—	—	—	—	—
(*l*) Granulom venereum	—	—	—	—	—	—	—	—
(*m*) Any other conditions requiring treatment	—	—	—	—	33	5	33	5
(*n*) Conditions not requiring treatment	—	—	—	—	65	45	65	45
(*o*) Conditions remaining undiagnosed at 31st December	—	—	—	—	—	—	—	—
4. Number of patients dealt with for the first time who have been transferred from other Centres (civil or Service) or from practitioners approved under Ministry of Health Circular 2226	9	3	—	—	—	1	9	4
TOTALS OF ITEMS 1, 2, 3 & 4	179	159	102	76	150	79	431	314

(Items (*j*) to (*n*) inclusive: Other Conditions)

	Syphilis		Gonorrhoea		Other Conditions		Totals	
	M	F	M	F	M	F	M	F
5. Number of patients suffering from syphilis and gonorrhoae discharged after completion of treatment and final tests of cure, or who were diagnoised as " other conditions "	26	19	46	50	112	45	184	114
6. (a) Number of patients who ceased to attend before completion of treatment and were suffering from :—								
(*a*) Acquired syphilis of less than 1 year's duration	12	9	—	—	—	—	12	9
(*b*) Acquired syphilis of more than 1 year's duration	7	5	—	—	—	—	7	5
(*c*) Congenital syphilis (under 1 year) ...	—	—	—	—	—	—	—	—
(*d*) Congenital spyhilis (over 1 year) ...	4	2	—	—	—	—	4	2
(*e*) Gonorrhoea	—	—	—	3	—	—	—	3
6. (b) Number of patients under treatment or observation known to have died :—								
(*a*) From syphilis	4	1	—	—	—	—	4	1
(*b*) From treatment	—	—	—	—	—	—	—	—
(*c*) From other causes	1	1	—	—	—	—	1	1
7. Number of patients suffering from :—								
(*a*) Syphilis who defaulted after completion of treatment, but before final discharge	8	1	—	—	—	—	8	1
(*b*) Gonorrhoea who defaulted before 3 months	—	—	18	4	—	—	18	4
(*c*) Gonorrhoea who defaulted after 3 months	—	—	7	3	—	—	7	3
8. Number of patients transferred to other Centres or Institutions or to private practitioners...	10	9	8	3	1	—	19	12
9. Number of patients remaining under treatment or observation on 31st December	107	112	23	13	37	34	167	159
TOTAL OF ITEMS 5, 6, 7, 8 & 9 (These totals should agree with those of Items 1, 2, 3, & 4	179	159	102	76	150	79	431	314
10. Number of patients included in Item 6 who failed to complete one course of treatment of either penicillin or of arsenic and bismuth and were suffering from :—								
(*a*) Acquired syphilis of less than 1 year's duration	—	—	—	—	—	—	—	—
(*b*) Acquired syphilis of more than 1 year's duration	—	1	—	—	—	—	—	1
(*c*) Congenital syphilis of less than 1 year's duration	—	—	—	—	—	—	—	—
(*d*) Congenital syphilis of more than 1 year's duration	1	—	—	—	—	—	1	—
11. Number of attendances :—								
(*a*) for individual attention by the medical officer(s)	1527	1358	428	363	449	284	2404	2005
(*b*) for intermediate treatment, *e.g.*, dressings, etc.	478	400	407	732	354	475	1239	1607
TOTAL ATTENDANCES	2005	1758	835	1095	803	759	3643	3612

	Under 1 year		1 and under 5 years		5 and under 15 years		15 years and over		Totals	
	M	F	M	F	M	F	M	F	M	F
12. Number of patients suffering from congenital syphilis in Item 3 above classified according to age	1	—	1	1	1	1	—	—	3	2

	Microscopical		Cultural	Serum		Cerebro Spinal fluid	Others
	For Syphilis	For Gonorrhoea		For Syphilis	For Gonorrhoea		
13. **Pathological Work :—**							
(*a* Number of specimens examined at and by the medical officer of the treatment centre ...	76	412	—	—	—	—	145
(*b*) Number of specimens from patients at the Treatment centre sent to a pathological laboratory	—	428	—	816	325	44	2

	Syphilis (less than 1 year)		Spyhilis (more than 1 year)		Gonorrhoea		Other Conditions	
	M	F	M	F	M	F	M	F
14. Contacts attending for examination through the agency of :—								
(*a*) Patients	2	3	—	2	1	13	22	30
(*b*) Health Visitor or Social Service Worker	—	2	6	7	—	3	8	11
TOTALS	2	5	6	9	1	16	30	41

STATEMENT SHOWING THE SERVICES RENDERED AT THE TREATMENT CENTRE DURING THE YEAR, CLASSIFIED ACCORDING TO THE AREA IN WHICH THE PATIENTS RESIDED.

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales) to be inserted in these headings.	Dewsbury	West Riding	Total
Number of cases from each area included under the following headings in Item 3 :—			
Syphilis	28	49	77
Gonorrhoea	30	26	56
Other Conditions	67	81	148
TOTAL	125	156	281

†" Syphilis, latent in 1st year of infection," applies to cases presenting no clinical sign of Syphilis but considered (by Blood tests, etc.) to have contracted this disease within the preceding 12 months.

*In order to avoid duplication, patients with cardiovascular syphilis who are also suffering from syphilis of the nervous and/or other systems should be recorded as suffering from cardio-vascular syphilis alone.

POLIOMYELITIS IN DEWSBURY IN 1949.

Cases

On 13th June, I received the first notification of poliomyelitis during the year in Dewsbury,—a severe paralytic case of four days duration in a boy aged 3 years. A playmate of this child was found, during the enquiries, to have had slight weakness of one foot about 31st May and to have been under medical care. It was soon evident we were to have a heavy incidence of the disease and so it proved. In all, 24 cases were notified of whom one was not confirmed ; two further cases were not notified, but confirmed ; three more patients shewed the disease whilst away from the town on a short holiday, but had practically certainly contracted it in the town : one young woman died before notification was made, and two have been regarded retrospectively, but uncertainly as polio cases, viz. :— an adult woman patient who was found to have died from respiratory paralysis in late April, and had been diagnosed as acute disseminated encephalomyelitis ; but although after consultation with the hospital staff I have counted this as an unrecognised case of polioencephalitis, it should be stated that the pathologist's report (recently received) of the brain sections states that no typical lesions were found and that if it was " polio " it must have been of a fulminating type. Another woman died in hospital in June after a short illness and though at the time the diagnosis was given as meningitis and pneumonia, the hospital staff later considered poliomyelitis a probably truer diagnosis.

Incidence

If we include these two, making 31 cases in all, the recognised incidence was 59 per 100,000 of the population. All of the cases discussed were paralytic ; but in three of them the only paralysis was facial (in one case following measles). Lumbar puncture, a diagnostic procedure, was not carried out in *all* cases and it is now accepted that it should not necessarily be done where the diagnosis is evident. Even if we exclude the facial cases which would proably not be diagnosed as poliomyelitis except during an epidemic and the two doubtful cases discussed above, the incidence is 50 per 100,000, a high rate of occurrence. The true incidence was undoubtedly much higher ; indeed it has been asserted, though without satisfactory proof, that for every recognised case there are up to a hundred unrecognised ones ; all doctors know patients with wasted muscles undoubtedly due to the disease, the acute phase of which has never been noticed by the patient. And there are almost certainly many more cases that do not " paralyse " at all. The distribution by age, sex, and type of paralysis is set out in the table.

Distribution by Age and Sex

The sex distribution was 17 males, 14 females. 12 (39%) were under 5 years of age, 9 (29%) were from 5-15 years of age and 10 (32%) between 15-45 years of age.

The follow up carried out by Dr. Nelson, my Deputy, shews that eleven had no residual paralysis when investigated in early 1950, two of the facial cases were in this group ; seven were left with serious disability. Five patients died during the acute illness, and one died six months later without intervening recovery.

Age Group	Sex	Total Cases	TYPE OF CASE			RESULT			
			Spinal	Bulbar	Ascending & Encephalitic	Deaths	Substantial Disability	Slight Disability	Total Recovery
0—5	M.	8	6	2*		—	2	4	2
	F.	4	1	2(1)*	1(1)	2	—	—	2
5—15	M.	5	4	1	—	—	—	2	3
	F.	4	2	2*	—	—	1	1	2
15—45	M.	4	4	—	—	—	3	—	1
	F.	6	3(1)	—	3(3)	4	1	—	1
All ages		31	20	7	4	6	7	7	11

*Includes 1 case of facial paralysis only.
Figures in brackets shew deaths.
Bulbar paralysis cases either died or recovered practically completely.
All the deaths were in females.

Spread

The disease had certainly started in Dewsbury by the middle of May and, possibly, as early as April. It was recognised to be spreading in June, shewed in the neighbouring towns, Mirfield (west of Dewsbury) and Batley (north east), in early July and in Spenborough (north) a week later. By the middle of July, the peak had been reached in Dewsbury and the last recognised case in the town occurred in October.

In the earlier stages, the disease was prominent in the Ravensthorpe and Westborough areas between which runs the Spen River. In the valley of the river there are four sewage works. Ravensthorpe is on low ground and Westborough on high ground. The housing of the Westborough area is less crowded and of a better type than in the Ravensthorpe area.

Contacts

In the houses where cases have occurred we have noted instances of minor illness in other members of the household as follows :—head cold and headache at same time (1), head cold and sore throat three days later (1), sore throat three weeks before (1), infant diarrhoea five days before (1). In one house it was found that a young sister (aged 15) of the patient had had " sunstroke " and headache, and was in bed for ten days, beginning about three and a half weeks before the onset in the

recognised (paralytic) case. This was probably a true example of two cases in one household. One family, father, mother and 2 children, all had tonsillitis ; the children were known contacts of cases of poliomyelitis in a school ; they went to bed with their sore throats ; the father had his sore throat about 8/6/49, and about 8 days later developed general stiffness and rheumatic pains in arms and legs but *not* (he says) weakness, and had to be helped about, and spent a few days in bed. His wife, who had tonsillitis after him did not go to bed ; early in July she travelled by car for a holiday and developed severe poliomyelitis 8 days later. We cannot tell whether they were all poliomyelitis cases but it may well have been so.

Direct contact was shewn in two instances (*a*) close home playmates—the onsets being separated by eight days and (*b*) between a woman and a child, the onset being separated by 25 days ; the child was actually handled by the adult patient whilst the latter was in bed during the early stages of her illness. Another patient, a boy aged 7, whose father had suffered in childhood from paralytic poliomyelitis, stayed in a private caravan on a farm and near another caravan from which a case of poliomyelitis had been removed during the preceding week ; the boy had no contact with the case, but had contact with the children of the farm household (who were relatives and close contacts of the first case) about three weeks before the onset of his own attack. It was considered the infection had not been contracted in Dewsbury. This was a mild case and recovered completely. Clearly the child had not inherited a complete immunity ; and since there are more than one strain of the disease this is not unexpected. It will be noted how often in this discussion " three weeks " crops up, and it may be that the incubation period was of about that duration, though generally it is accepted as usually 7 to 14 days with possible wider limits.

Some Notes

None of the Dewsbury cases had had recent tonsillectomy. One child, aged 6, had had a tooth out and had also had had a boosting dose of diphtheria prophylactic about five weeks before the onset of the disease. One adult had had a tooth out a month before the onset of the disease. One woman patient was three months pregnant at the time of the infantile paralysis attack and has since aborted. One interesting case was a girl with respiratory difficulty who was diagnosed at home as bulbar paralysis. She was admitted to hospital. The pyrexia persisted and the case was diagnosed about a week later as tuberculous meningitis. Abnormal radiological findings (cavitation) in the chest were considered to contra-indicate treatment by streptomycin as the prognosis was considered hopeless. Spontaneous recovery, however, ensued and the hospital authorities finally revised the diagnosis back to poliomyeltis. The chest X-ray appearances also spontaneously regressed.

The three patients who shewed the disease whilst away on holiday included (1) a baby girl aged one year who had symptoms for six days before travelling to Lancashire—she " paralysed " two days later, presenting facial paralysis and meningeal symptoms, and died in hospital, diagnosed as polio-encephalitis.

(2) a woman (39 years) who travelled by car to Devonshire over two days, had symptoms one week after departure, becoming severely paralysed five days later ; she died nearly six months afterwards without intervening recovery.

(3) a woman (37 years) was unwell for two days before travelling by car to Gloucestershire ; two days later she was diagnosed as an influenza patient, but shewed severe paralysis five days later and has been left with considerable residual disability.

These three were all severe cases ; no one with symptoms of the disease or unexplained illness during an epidemic should travel, even if driven in a private car.

House flies were not unduly prominent during the year although during the summer there was a considerable number of midges about, due, no doubt, to the considerable extent of inland waterways. The weather as in the country generally was hot and dry.

We have excluded from this series a case occurring in a little girl living in a house which socially was the extreme outpost of the borough in Whitley, but which geographically was in the neighbouring rural area. This was a mild paralytic case. The house was fairly near a tip and there was no water-carriage system of drainage. Only one other case (and that in the same neighbourhood) was in a house without water-carriage. We know also of a girl in the Wakefield Rural Area, aged 7, who had visited the town five days before she got infantile paralysis.

REPORT OF THE CHIEF SANITARY INSPECTOR

on the work of the Sanitary Department for the year ending 31st December, 1949.

Mr. Chairman, Mrs. Markham, and Gentlemen,

I beg to submit my report on the work undertaken by the Sanitary Department in the year ending 31st December, 1949.

Staff.

The inspectorial staff comprises the Chief Sanitary Inspector, with five District Sanitary Inspectors one of whom is appointed Deputy Chief Sanitary Inspector. All possess the statutory Sanitary Inspector's Examination together with the Certificate for Meat & Other Foods Inspectors. Four inspectors possess one or more of the following examinations :

" Sanitary Science as applied to Buildings and Public Works "
" Smoke Inspector's Certificate " and
" Institution of Sanitary Engineers."

Three clerks and two van drivers/disinfectors (trained in Rodent Control) are also on the staff.

For the first time in three years I have to report a change in the staff of the Department, Mr. J. Pester having resigned to take up the post of Deputy Chief Sanitary Inspector to the County Borough of Burnley.

The Inspectors perform all duties as specified in the Sanitary Officers' Regulations, except Cleansing.

SUPERVISION OF FOOD SUPPLIES.

Adulteration.

The sampling of food and drugs is carried out on a greater scale than is usual. It is put forward as a guide to local authorities that samples at the rate of three per one thousand of population should be taken. The number of samples taken during the past five years is set out below :—

1945	1946	1947	1948	1949
251	374	401	432	424

Taking the population as 50,000 approximately the rate per 1,000 equals :—

1945	1946	1947	1948	1949
5.0	7.5	8.0	8.6	8.5

Milk samples taken show an improvement during the same period :—

	1945	1946	1947	1948	1949
Number taken ...	134	180	114	111	122
Number adulterated ...	5	12	3	1	1
Percentage adulterated	3.73	6.68	2.63	0.90	0.82
Drugs :					
Number taken ...	30	23	19	22	31
Number adulterated ...	2	2	0	0	0
Percentage adulterated	6.67	8.70	Nil	Nil	Nil

121 visits were made in respect of formal Food and Drugs sampling, and 244 visits for the purpose of taking informal samples under the Act.

Samples of Food and Drugs sent to the Public Analyst for Examination during the year 1949.

Article	Samples Taken	Informal		Formal		Total	
		Genuine	Adult'd	Genuine	Adult'd	Genuine	Adult'd
Milk	122	25	—	96	1	121	1
Ice Cream	151	149	2	—	—	149	2
Other Food and Drugs :							
Aislet	1	—	—	1	—	1	—
Almond Flavouring ...	1	1	—	—	—	1	—
Aspirins	1	1	—	—	—	1	—
Beef, Ham and Other Paste	1	—	—	1	—	1	—
Bicarbonate of Soda ...	1	1	—	—	—	1	—
Black Pudding	2	—	—	2	—	2	—
Blackcurrant Flavouring	1	1	—	—	—	1	—
Blanc Mange Powder ...	2	2	—	—	—	2	—
Boracic Ointment ...	1	1	—	—	—	1	—
Brandy	2	—	—	2	—	2	—
Bun Flour	1	1	—	—	—	1	—
Butter	3	1	—	2	—	3	—
Cake	1	1	—	—	—	1	—
Calves Feet Jelly ...	1	1	—	—	—	1	—
Camphorated Oil ...	1	1	—	—	—	1	—
Castor Oil	1	1	—	—	—	1	—
Chest & Lung Mixture	2	2	—	—	—	2	—
Chocolate Spread ...	1	1	—	—	—	1	—
Cooking Fat	1	—	—	1	—	1	—
Cream of Tartar ...	1	1	—	—	—	1	—
Creamola	2	2	—	—	—	2	—
Custard Flavour ...	1	1	—	—	—	1	—
Custard Pie	1	1	—	—	—	1	—
Custard Powder ...	1	1	—	—	—	1	—
Dressed Crab	1	1	—	—	—	1	—
Earth Cream	1	1	—	—	—	1	—
Epsom Salts	1	1	—	—	—	1	—
Extract of Herbs ...	1	1	—	—	—	1	—
Fish Cake	2	—	—	2	—	2	—
Fish Paste	2	2	—	—	—	2	—
Flu' Powder	1	1	—	—	—	1	—
Frozen Whole Egg ...	2	2	—	—	—	2	—
Fruit Pastilles	1	1	—	—	—	1	—
Fruitabax	1	1	—	—	—	1	—
Gelatine	1	1	—	—	—	1	—
Glycerine, Lemon & Ipecac	1	1	—	—	—	1	—
Gravy Browning ...	1	1	—	—	—	1	—
Gravy Powder	1	1	—	—	—	1	—
Ground Borax	1	1	—	—	—	1	—
Ground Ginger	1	1	—	—	—	1	—
Head Pills	1	1	—	—	—	1	—
Imps	1	1	—	—	—	1	—
Indian Brandee ...	1	1	—	—	—	1	—
Jelly Crystals ...	1	—	—	1	—	1	—
Kilkoff	1	1	—	—	—	1	—
" Kompo "	1	1	—	—	—	1	—
Lemonade Crystals ...	1	1	—	—	—	1	—
Lime Flavoured Sulphur Tablets	1	1	—	—	—	1	—

Article	Samples Taken.	Informal Genuine	Informal Adult'd	Formal Genuine	Formal Adult'd	Total Genuine	Total Adult'd
Liquorice & Menthol Pellets	1	1	—	—	—	1	—
Liver & Tomato Paste	1	—	—	1	—	1	—
Luncheon Roll	1	—	—	1	—	1	—
Malt Tablets	1	1	—	—	—	1	—
Malted Soya Cream ...	1	—	1	—	—	—	1
Margarine	1	—	—	1	—	1	—
Marshmallow Ointment	1	1	—	—	—	1	—
Meat Paste	2	1	—	1	—	2	—
Meat Pie	6	—	—	5	1	5	1
" Melvit "	1	—	1	—	—	—	1
Mixed Spice	1	1	—	—	—	1	—
Mustard	1	1	—	—	—	1	—
Olive Oil	1	1	—	—	—	1	—
Orange Squash ...	1	1	—	—	—	1	—
Pastry Mix.	2	2	—	—	—	2	—
Pepper	2	2	—	—	—	2	—
Pickles	1	1	—	—	—	1	—
Pickling Spice	1	1	—	—	—	1	—
Pork Meat Pudding ...	1	—	—	—	1	—	1
Potted Meat Paste ...	1	—	—	1	—	1	—
Pudding Mixture ...	3	3	—	—	—	3	—
Rennies	1	1	—	—	—	1	—
Rubbing Oils	1	1	—	—	—	1	—
Saccharin Tablets ...	1	1	—	—	—	1	—
Sage & Onion Stuffing...	1	1	—	—	—	1	—
Salad Dressing	2	2	—	—	—	2	—
Salmon Paste ...	1	—	—	1	—	1	—
Sauce	2	2	—	—	—	2	—
Sausage	18	17	—	1	—	18	—
Sausage Meat	9	8	—	1	—	9	—
Seidlitz Powder ...	1	1	—	—	—	1	—
Sponge Mixture ...	1	1	—	—	—	1	—
Steak & Kidney Pie ...	1	1	—	—	—	1	—
Stomach Powder ...	1	1	—	—	—	1	—
Sweephat	1	—	—	1	—	1	—
Sweet Breaths	1	1	—	—	—	1	—
Sweet Fat	1	—	—	—	1	—	1
Sweetened Dessert Powder	1	1	—	—	—	1	—
Sweetened Fat	2	—	—	2	—	2	—
Syrup of Figs ...	1	1	—	—	—	1	—
Thirst Quenchers ...	1	1	—	—	—	1	—
Throat Tablets ...	1	1	—	—	—	1	—
Tomato Dainty Spread	1	1	—	—	—	1	—
Tomato Ketchup ...	1	1	—	—	—	1	—
Tomato Sauce	2	2	—	—	—	2	—
Tonic	1	1	—	—	—	1	—
Vapour Ointment ...	1	1	—	—	—	1	—
Vinegar	2	2	—	—	—	2	—
Vitagrains	1	1	—	—	—	1	—
Whisky	4	—	—	4	—	4	—
Totals							
Milk & Ice Cream ...	273	174	2	96	1	270	3
Other Food & Drugs ...	151	114	2	32	3	146	5
	424	288	4	128	4	416	8

Particulars of Adulteration.

No. of Sample	Article	Adulteration or Offence	Remarks
577	Meat Pie	Contained 31·9% Meat	Warning letter.
7	Sweet Fat	Sample had unpleasant smell of soap and tasted rancid	Vendor interviewed. Advice given as to future storage.
209	Milk	Contained 5·6% added water	Warning letter.
228	Pork Meat Pudding	Doubtful. Contained portions of cheek with bristles and also what appeared to be a broken tooth	,,
247	Melvet	The Formula was incorrectly labelled	,,
298	Malted Soya Cream	Formula and advertisement were incorrect	Very old stock —now withdrawn.

Two informal samples of ice cream had fat contents of 2·52% and 2·19%. Informal warning letters were sent.

Milk.

The minimum standard required for milk is laid down in the Sale of Milk Regulations, 1939, made under the Food & Drugs Act, 1938. Milk should not contain less than 3.0% butter fat and 8.5% solids not fat. Milk samples taken under the Food and Drugs Act during the year gave the following results :—

Month	Number of samples taken	Average Results.		Number adulterated
		Fat	Solids not fat	
January	9	3·44	8·57	—
February	8	3·56	8·63	—
March	7	3·72	8·59	—
April	7	3·66	8·46	—
May	8	3·40	8·69	—
June	8	3·54	8·74	—
July	7	3·63	8·61	—
August	15	3·74	8·69	—
September	6	3·77	8·52	1
October	29	4·19	8·79	—
November	18	3·76	8·70	—
December	—	—	—	—
Total	122	3·77	8·68	1

Percentage adulterated—0·82

Ice Cream.

During the past five years an attempt has been made to improve the quality of ice cream sold in the town, and considerable success has been achieved. During the year the Ministry of Food, in an effort to raise the quality of ice cream, increased the allocation of sugar and fat to all manufacturers who were willing to give an undertaking that the fat content of their products would not fall below 2½%.

Chemical Analysis.	1945	1946	1947	1948	1949
Number of samples taken	4	102	104	153	151
Number with fat content less than 3%	0	37	25	35	8
Percentage with fat content less than 3%	Nil	36.28	24.04	22.87	5.20
Number with fat content less than 2.5%	0	31	17	19	2
Percentage with fat content less than 2.5% ...	Nil	30.39	16.15	12.42	1.30

The Public Analyst reported on the samples taken during 1949 as follows :—

Month	No. of Samples	Satisfactory	Unsatisfactory
January	8	7	1
February	17	16	1
March	21	21	—
April	15	15	—
May	26	26	—
June	22	22	—
July	13	13	—
August	16	16	—
October	13	13	—
	151	149	2

426 visits were paid to ice cream premises.

MILK—CLEANLINESS.

Milk Supply.

No. of Distributors	113
„ Dairy Premises	68
„ Producers and Cowkeepers	35
„ Cowsheds	56
„ Inspections of Cowsheds	295
„ Inspections of Milkshops and Dairies ...	492
„ Contraventions Noted	3
„ Contraventions remedied (including items outstanding on January 1st)	9
„ Dairy Farms	45
„ Cows	451

Examination of Milk.

232 Samples of milk were submitted to the Bacteriologist and subjected to the Methylene Blue Test.

Designation	Satisf'y	Not Satisf'y	Total
Ordinary	16	3	19
Accredited	83	19	102
Pasteurised	27	2	29
Tuberculin Tested	41	9	50
Sterilized	3	—	3
Heat Treated	2	—	2
T.T. (Pasteurised)	27	—	27
	199	33	232

64 samples of milk were submitted to the Phosphatase Test with the following results :—

Designation	Satisf'y	Not Satisf'y	Total
Pasteurised	30	1	31
Sterilized	3	—	3
Heat Treated	1	1	2
T.T. (Pasteurised)	28	—	28
	62	2	64

36 samples of milk were sent for biological examination for B. Tuberculosis :—

Designation	No. Submitted	Positive	Negative
Accredited	17	1	16
Tuberculin Tested	6	—	6
Ordinary	11	1	10
T.T. (Pasteurised)	2	—	2
	36	2	34

Two affected cows were duly slaughtered under the Tuberculosis Order, 1938.

The number of licences under the **Milk (Special Designation) (Raw Milk) Regulations, 1949,** held at 31st December, 1949, were :—

Tuberculin Tested—

Dealers Licences	30
Dealers Supplementary Licences	8

The number of licences under the **Milk (Special Designation) Pasteurised and Sterilised Milk) Regulations, 1949,** held at 31st December, 1949, were :—

Pasteurised—

Dealers (Pasteurisers) Licences	3
Dealers Licences	28
Dealers Supplementary Licences	8

Sterilised—

Dealers (Sterilisers) Licence	1
Dealers Licences	96
Dealers Supplementary Licences	5

Ice Cream.

Samples of ice cream were submitted for bacteriological examination and were tested by the Methylene Blue Test and for B.Coli.

The official Provisional Grades of ice cream are based on the time taken to reduce Methylene Blue, and are as follows :—

	Time taken to reduce Methylene Blue.
Grade 1	$4\frac{1}{2}$ hours or more
„ 2	$2\frac{1}{2}$ to 4 hours
„ 3	$\frac{1}{2}$ to 2 hours
„ 4	0

Owing to the numerous factors governing the hygienic quality of ice cream and to the experimental error of the laboratory test itself, it is useless to pay too much attention to the bacteriological results on any given sample. Judgment is based rather on a series of samples. It has been suggested that over a six-monthly period, 50 per cent, of a vendor's samples should fall into Grade 1, 80 per cent. into Grades 1 or 2, and not more than 20 per cent. into Grade 3, and none into Grade 4.

The graded results of the samples, with differentiation for ice cream manufactured in the Borough and outside, are as follows :—

	Grade 1	Grade 2	Grade 3	Grade 4
Manufactured in Dewsbury—				
Number of Premises 9.				
Methylene Blue Test ...	46	15	15	28
Manufactured outside Dewsbury—				
Number of Premises 14.				
Methylene Blue Test ...	87	14	16	5
Number of Samples—226	133	29	31	33

Table showing a monthly analysis of ice cream samples :—

Month	No. of Samples	Coliform Test		Meth. Blue Test	
		Passed	Failed	Passed	Failed
January	8	4	4	8	—
February	17	12	5	17	—
March	21	18	3	20	1
April	17	14	3	16	1
May	30	—	—	19	11
June	56	—	—	35	21
July	13	—	—	3	10
August	44	—	—	31	13
September	2	—	—	—	2
October	14	—	—	10	4
November	4	—	—	3	1
	226	48	15	162	64

One sample of ice cream flavouring was sent for bacteriological examination and was reported satisfactory.

Meat Inspection.

The inspection of meat at the time of slaughter has been suspended since 1939, all meat distributed in this area being slaughtered and inspected at the Spenborough (Cleckheaton) Abattoir. The distribution centre (where the meat is allocated to the different butchers) is also outside our area. Some premises are occasionally used for the slaughter of privately-owned pigs, and butchers' shops are visited to inspect the meat as allocated.

No. of visits made to slaughterhouses	57
„ inspections of meat shops and stalls	491
„ inspections of food preparers (meat)	287
„ slaughtering licences issued	4

The weight of meat condemned is now given :—

Weight of pork offal ... 4 lbs.

Inspection of Other Foods.

Number of visits to General Food Premises	443
„ „ Fried Fish Shops	332
„ „ Bakehouses	226
„ „ Food Preparing Premises	612
	1613

Particulars of other food surrendered as unfit for food.

TINNED FOOD—

Vegetables	444	tins
Soup	498	„
Preserves	42	„
Fish	181	„
Meat	144	„
Milk & Cream	374	„
Fruit	184	„
Other Food	5	„
	1872	„

FRESH FOOD—

Loaves	194	
Crumpets	2123	
Teacakes	239	
Cakes	1422	
Long Buns	155	
Meat Pies	39	
Puddings	57	
Rabbits	311	
Hares	9	
Leverets	2	
Eggs	138	
Sponge Mixture ...	204	pkts.
Soup	58	„
Dessert Mould	80	„
Cheese	3	„
Oats	40	„
Cake Mixture	100	„
Semolina	58	„
Pudding Mixture ...	68	„
Fruit Clear Gums ...	12	„
Liquorice Allsorts ...	7	„
Apples	2	cases
Sauce	4	bottles
Pickles	63	jars
Preserves	24	„
Sandwich Spread ...	82	„
Sweephat	2½	cwts.
Fish	106½	st.
Gooseberries	51½	„
Ground Barley	14	lbs.
Oranges	30	„
Apricot Conserve ...	1½	„
Sausage	44	„
Potatoes	8	„
Raspberries	114	„
Figs	30	„
Cake	32	„
Black Pudding	6	„
Chocolate Toffees ...	42	„
Cheese	6	„
Prem.	2	„
Corn Flakes	5	boxes
Flour	80	bags
Chocolate	15	bars

HOUSING AND GENERAL SANITARY INSPECTION.

Housing and Public Health.

The supply of adequate housing accommodation continues to be a major problem and one of the greatest difficulties arises when faced with the question of repairs to houses of great age, low rents and very doubtful future. Most of the work accomplished was done by the owners on receipt of the first intimation or informal notice of the existence of defects. It was, however, necessary to serve formal Abatement Notices in 140 cases, 112 of which were complied with during the year.

The appended table gives some indication as to the varied nature of the work done by the Sanitary Inspectors under this heading.

The classification of the applicants for Council Houses is also carried out by the Sanitary Inspectors and 430 visits were made for this purpose.

During the year 1949 the following inspections were made by Sanitary Inspectors to the premises detailed :—

Nature of Inspection.	Primary Insp'ns	Re-inspections	Total Visits
Houses :			
Under Public Health Acts	1627	4039	5666
,, Housing Acts (Miscellaneous) ...	50	1	51
,, Housing Acts (overcrowding) ...	192	13	205
,, Housing Acts (classification) ...	419	11	430
,, Housing Acts (Individual)	90	—	90
Re Accumulations	52	97	149
Re Cellars Flooding	80	184	264
Re Water Supply	57	16	73
Re Yards, Courts, &c.	24	2	45
Visits to :			
Common Lodging Houses	4	—	4
Houses Let in Lodgings	13	—	13
Schools	46	13	59
Cinemas	48	12	60
Piggeries	91	4	95
Urinals	161	5	166
Street Gullies and Sewers	91	51	142
Markets...	102	—	102
Offensive Trades	40	1	41
Stable Premises	21	—	21
Animals and Birds	22	2	24
Tents, Vans and Sheds	5	—	5
Cesspools	3	3	6
Refuse Tips	67	4	71
Miscellaneous	784	—	784
Interviews (Owners, etc.)	1051	—	1051
Visits for Water Sampling	40	—	40

Complaints.

Number and nature of complaints received and investigated :—

Dampness	47
Vermin—Rats and Mice	79
Bug infestation	13
Refuse Accommodation	60
Sanitary Accommodation :	
Water Closets	32
Cisterns	7
Water Closet drains	12
Overcrowding	16
Water Supply :	
Defective pipes	2
Miscellaneous	4
Washing Accommodation :	
Sinks	40
Sink Waste Pipes	14
Set Pots	3
Drainage	37
Water in Cellar	21
Miscellaneous	85
General :	
Fireplaces	8
Roofs	65
Chimneys	25
Plasterwork	20
Subsidence	6
Eavesgutters	11
Windows	3
Total	610

Nuisances.

Nuisances found	2508
Nuisances remedied	1840

Action under Public Health Act.

Notices Served.		Notices Complied With.	
Formal.	Informal.	Formal.	Informal.
140	1139	112	850

Action under Dewsbury Corporation Act, 1933 (S.20)

Notices Served.	Notices Complied With.
75	80

Housing Statistics.

1.—Inspections of Dwelling-houses during the Year :—

(1)	(*a*)	Total number of dwelling-houses inspected for defects (under Public Health or Housing Acts)	1627
	(*b*)	Number of inspections made for the purpose	5666
(2)	(*a*)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	Nil.
	(*b*)	Number of inspections made for the purpose	Nil.
(3)		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil.

(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation 1139

2.—Remedy of Defects during the Year without service of formal Notices :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers 850

3.—Action under Statutory Powers during the Year :—

(*a*) Proceedings under sections 9, 10 and 16 of the Housing Act, 1936 :

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ... ... Nil.

(2) Number of dwelling-houses which were rendered fit after service of formal notices :—
(*a*) By owners ... ... Nil.
(*b*) By Local Authority in default of owners ... ... Nil.

(*b*) Proceedings under Public Health Act :

(1) Number of dwelling-houses in respect of which notices were served requiring repairs 140

(2) Number of dwelling-houses which were rendered fit after service of formal notices :—
(*a*) By owners 82
(*b*) By Local Authority in default of owners 30

(*c*) Proceedings under sections 11 and 13 of the Housing Act, 1936 :

(1) Number of dwelling-houses in respect of which Demolition Orders were made ... ... Nil.

(2) Number of dwelling-houses demolished in pursuance of Demolition Orders 10

(3) Number of Houses for which undertakings were submitted and accepted by Council ... ... Nil.

(4) Number of Houses made fit on undertakings accepted by Council ... ... Nil.

(*d*) Proceedings under section 12 of the Housing Act, 1936 :

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ... ... Nil.

(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ... ... Nil.

4.—Housing Act, 1936.—Overcrowding :—

(*a*) (1) Number of dwellings-houses overcrowded at the end of the year 302
(2) Number of families dwelling therein 321
(3) Number of persons dwelling therein 1458

(*b*) Number of new cases of overcrowding 54

(*c*) (1) Number of cases of overcrowding relieved during the year... 59
(2) Number of persons concerned in such cases 264

(*d*) Particulars of any cases in which dwellinghouses have again become overcrowded after the Local Authority has taken steps for the abatement of overcrowding ... ... Nil

(*e*) Temporary overcrowding Licences granted 2

Rats and Mice Repression.

This section of the work has received special attention during the year. 275 inspections, with 1,366 re-inspections, were made of infested premises, and the necessary steps taken, by baiting and follow-up procedure to clear the premises.

During the year one treatment was given to the Corporation sewers, in accordance with the recommendations of the Ministry of Agriculture. The Borough Engineer co-operated in this work.

Smoke Abatement.

311 routine smoke observations were taken, with the following results :—

Number of boiler plants where smoke emission contravened Public Health Act, 1936, and Dewsbury Corporation Byelaws	1
Number of boiler plants where no nuisance was caused...	46

60 inspections were made of boiler-houses and plants, and appropriate action taken where the nuisances occurred.

Record of Observation with Deposit Gauges for the Year 1949.

Month	Gauge Situate at Dewsbury (Municipal Buildings) M.	E.	Gauge Situate at Savile Town (Gas Works) M.	E.	Gauge Situate at Whitley M.	E.	Gauge Situate at Ravensthorpe M.	E.
January ...	971	24·74	1326	33·80	386	9·85	1486	37·09
February ...	549	14·00	594	15·15	342	8·72	628	16·01
March	552	14·06	543	13·84	277	7·06	552	14·06
April	598	15·24	778	19·84	**	**	680	17·38
May	435	11·09	902	23·00	564	14·38	972	24·78
June	219	5·57	440	11·22	513	13·09	283	7·20
July	890	22·68	820	20·90	685	17·48	1033	26·34
August ...	387	9·85	576	14·67	323	8·24	388	9·90
September ...	543	13·83	650	16·56	317	8·09	1164	29·68
October ...	1003	25·58	782	19·95	397	10·13	**	**
November ...	1331	33·94	843	21·49	363	9·26	1606	40·93
December ...	838	21·35	684	17·42	*	*	806	20·55
Total Deposit for 1949	8,316	211·93	8,938	227·84	4,167+	106·30+	9,598+	243·92+
	Average per month		Average per month		Average per month		Average per month	
	693	17·66	745	18·99	417	10·63	872	22·17

M.—Metric tons of soot deposited per 100 sq. kilometres.
E.—English tons of soot deposited per sq. mile.

*Contents lost.

**Gauge tampered with—contents lost.

Meteorological Report, 1949.

OBSERVATIONS AT CROW NEST PARK.

	Rainfall inches	Sunshine Hours	Sunshine Minutes
January	1·17	37	40
February	1·56	59	20
March	1·03	43	50
April	2·32	98	40
May	1·42	117	0
June	0·60	164	50
July	3·63	125	10
August	2·32	175	0
September	1·10	116	30
October	2·86	95	10
November	4·35	48	20
December	3·86	51	40
	26·22	1133	10

Rag Flock.

Nine samples of Rag Flock were obtained and submitted to the Public Analyst. All samples were reported on as complying with the requirements of the Rag Flock Acts, 1911-1928. The individual results were as follows :—

Sample No.	Chlorine as Soluble Chlorides. Allowed.	Found.
1 ...	30 parts per 100,000 ...	20 parts per 100,000
2 ...	„ „ „ „ ...	22 „ „ „
3 ...	„ „ „ „ ...	12 „ „ „
4 ...	„ „ „ „ ...	16 „ „ „
5 ...	„ „ „ „ ...	12·8 „ „ „
6 ...	„ „ „ „ ...	16·4 „ „ „
7 ...	„ „ „ „ ...	8·8 „ „ „
8 ...	„ „ „ „ ...	15·6 „ „ „
9 ...	„ „ „ „ ...	10·4 „ „ „

Fertilisers and Feeding Stuffs.

Ten samples of fertilisers and five of feeding stuffs were taken. The Analytical Chemist reported all as genuine under the standards laid down by the Fertilisers and Feeding Stuffs Act, 1926.

Pharmacy and Medicines Act.

38 visits were made to registered premises under this Act.

Eradication of Vermin.

27 houses, containing 68 rooms, were disinfested by gassing, or by the use of liquid or powder insecticides. 6,400 articles of bedding, clothing, furniture, etc., were also disinfested.

248 visits were made under this heading.

Infectious Diseases.

No. of visits to investigate cases of infectious disease	202
No. of houses disinfected after cases of infectious disease	224
No. of rooms ,, ,, ,, ,, ,, ,,	293
No. of articles ,, ,, ,, ,, ,, ,,	16,355
No. of library books ,, ,, ,, ,, ,,	122
No. of visits in connection with above	382

In all cases the bedding is collected by the staff of the Department, and steam disinfected.

Refuse Accommodation.

1,403 inspections were made, seven ashpits were closed, and 313 dustbins were renewed or provided in lieu of the ashpits.

Factories Act, 1937.

No. of primary inspections—Non-mechanical ...	1
—Mechanical	5
No. of routine inspections made	274
No. of re-inspections	61
No. of inspections (outworkers)	9

Inspections of Factories for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Secs. 1, 2, 3, 4 & 6 are to be enforced by Local Authorities	67	75	2	—
(ii) Factories not included in (i) to which section 7 applies :				
(*a*) Subject to the Local Authorities (Transfer of Enforcement) Order, 1938	251	172	5	—
(*b*) Others	—	—	—	—
Total	318	247	7	—

Cases in which DEFECTS were found :

Particulars	No. of cases defects found				No. of Prosecutions
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness ...	3	2	—	1	—
Overcrowding ...	1	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	1	—	—	—	—
Sanitary Conveniences :					
(*a*) Insufficient ...	—	—	—	—	—
(*b*) Unsuitable or defective ...	17	16	—	1	—
(*c*) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
Total ...	22	18	—	2	—

Sanitary Accommodation.

Closets :

No. of inspections of W.C. accommodation	337
„ inspections of Privies and Pails	42
„ Privies converted to W.C's.	2
„ Additional W.C's. provided	3
„ Pail Closets converted to Chemical Closets	4

Drainage.

All new drains and alterations to existing drains are examined and tested by means of the smoke test, and details of inspections and tests made during the year are given below :—

Length of 4 in. drain tested by smoke	9,118 ft.
Length of 6 in. drain tested by smoke	3,885 ft.
„ 9 in. drain tested by smoke	306 ft.
No. of inspections of drainage	291
„ smoke tests—New drains	110
„ smoke tests—Existing drains	47
„ colour tests applied...	65
„ drains reconstructed	22
„ other tests	22

Shops Acts, 1912-38.

No. of Inspections of Shops	208
„ Re-Inspections of Shops	20
„ Shops entered on Register (3st Dec., 1949) 1...	640

In conclusion, I should like to tender to the Chairman and Members of the Health and Housing Committees my thanks for the help and consideration given to me during the year, and to the Medical Officer of Health my deep appreciation for the help and support he has extended to me in the course of my duties.

I desire also to record my appreciation of the loyal and valuable services rendered by the District Inspectors, clerical staff and workmen of the Department.

I am,

Your obedient servant,

H. HAWORTH, M.S.I.A.,

Chief Sanitary Inspector

APPENDIX I.

KITCHEN HYGIENE.

A report on an investigation by H. Haworth, M.S.I.A., Chief Sanitary Inspector, Dewsbury.

In recent years there has been a rising and widespread public concern about the condition of utensils in eating establishments. Apart from the use of chipped or cracked crockery, the methods of washing-up in many food premises are felt to be far below the high standards of hygiene which the general public and Health Authorities rightly demand.

Since the beginning of the last world war there has been an enormous increase in communal feeding which has come about partly from a desire to augment the domestic ration, and partly from an extension of welfare services by the increased provision of meals in schools and industrial concerns. This change of social habit has, of necessity, increased the risk of outbreaks of food poisoning and certain intestinal disorders.

Systematic investigation of eating establishments in the Borough has been carried out during the year by the Sanitary Inspectors, with particular emphasis on the efficiency or otherwise of the washing of used crockery and utensils. Without prior warning specimens were taken for bacteriological examination from cups, plates and cutlery about to be used for meals for the public.

Technique.

For some months prior to March, 1949 a number of tests were made on cups and glasses using the sterile water rinse method. These proved inconclusive in that the absence of a recognised standard made it difficult to assess the results.

After consultation with Dr. W. F. Lane, Director of the Public Health Laboratory Service, Wakefield, without whose help and advice this investigation could not have been made, a new technique was adopted based on recommendations of the United States Public Health Service.

Collection of Specimens.

Utensils to be examined were selected at random from those recently washed. Care was taken to prevent contamination by handling.

One swab was used for each group of four similar utensils. The swab was taken from a sterile test-tube and soaked in sterile dilution water contained in a separate bottle. It was then squeezed against the side of the bottle so as to remove excess water, leaving the swab moist but not wet. The swab was rubbed slowly and firmly over the " significant surfaces " of the utensils, and after each utensil was swabbed, the swab was again soaked in the dilution water and squeezed out before the next utensil was swabbed.

The " significant surfaces " consist of the upper one-half inch of the inner and outer surfaces of cups and glasses and the entire inner and outer surfaces of the bowls of spoons. With forks and dishes the area to be swabbed includes the entire inner and outer surfaces of the tines of forks, and the inner surfaces of plates and bowls which would come into contact with food.

After completing the swabbing of all utensils in the group of four, the swab was finally soaked in the dilution water, the excess moisture pressed out, and the swab returned to the test-tube. The bottle of dilution water was closed and both packed in ice for transit by hand to the Public Health Service Laboratory, Wakefield.

An attempt was made to ascertain whether there was an advantage to be obtained by scalding the utensils in clean hot water and air drying after the normal washing-up. In order to do this a second batch of four washed-up utensils was submerged in water as hot as was available, the temperature taken, the utensils removed and left to dry naturally. Swabs were then taken in the normal way.

Analysis of Results.

The results of the bacteriological examination of the specimens carried out under the direction of Dr. Lane are given in the attached tables, demonstrating the difference between industrial establishments with mechanical dish-washing machines, other canteens, and cafes or public eating establishments.

The American bacteriological standard for washed crockery of 100 or less total organisms per article has been adopted ; any higher count would indicate inadequate cleansing.

Using this standard the results can be summarised as follows :—

Normal Dishwashing.

Type of Premises	No. of premises investigated	Results of Analysis of Samples	
		Satisfactory	Not satisfactory
Group A. Industrial Establishments with mechanical dish-washers	4	3	6
Group B. Other Canteens	27	9	27
Group C. Cafes and Eating Houses	27	22	47
Totals ...	58	34 (30%)	80 (70%)

Normal Dishwashing plus final Hot Rinse and Air Dry.

Type of Premises	Results of analysis of samples			
	Satisfactory		Not satisfactory	
	Rinse water above 170° F.	Rinse water below 170° F.	Rinse water above 170° F.	Rinse water below 170° F.
Group A. Industrial establishments with mechanical dish washers	—	1	1	1
Group B. Other Canteens	8	9	2	9
Group C. Cafes and Eating Houses	19	18	2	7
Totals ...	27	28	5	17
	55 or 72%		22 or 28%	

These figures shew 70% unsatisfactory results for normal washing-up methods and 28% unsatisfactory for the hot rinsing and air drying technique. Although this shews a considerable reduction in unsatisfactorily cleansed utensils, the figure of 28% is still affected by the following factors :

(i) in some of the cases in which unsatisfactory results were found after a hot rinse, the temperature of the water was not greater than 120° F. instead of the desired 170° F.

(ii) congestion around the sink owing to bad arrangement in some of the smaller cafes made hot rinsing difficult during the rush hours with the result that it was not always carried out satisfactorily.

Group A.—Industrial Establishments with Mechanical Dish-washers.

No satisfactory inference could be obtained from the figures which seem inconclusive.

However it was observed that in the Borough the industrial concerns tend to have more kitchen space than the cafes.

Group B.—Other Canteens.

75% of the specimens were unsatisfactory when washed in the normal way. This figure fell to 39% after hot rinsing.

At many of these premises the usual practice is to receive food prepared at central premises in insulated containers. Dish-washing after meals is usually done in a small ante-room or ablution room. The supply of hot water in many cases is poor and does to some extent explain the high proportion of unsatisfactory results after the hot rinse.

Group C.—Cafes and Eating Houses.

The significant feature of the analysis of these figures is the drop from 68% unsatisfactory specimens from normally washed tableware to 20% after hot rinsing.

General Observations.

The American technique of collecting specimens is superior to the method previously adopted of rinsing utensils with sterile water—inasmuch as a standard technique and interpretation of results enables fair comparisons to be made.

Visits for the purpose of swabbing have a two-fold effect, direct and indirect, in that they offer opportunity for dealing with general food handling as well as crockery cleanliness.

The mere fact that special interest was being taken by the inspectors in the cleanliness of the utensils often expedited the renewal of chipped crockery, and personnel became more conscious of the part they should play in ensuring cleaner methods of food preparation.

From our observations we have reached the conclusion that bacteriological cleanliness depends very largely on the individual in the kitchen and no amount of attention to structural detail can overcome failure in personal and kitchen hygiene.

The results from chipped crockery as compared with sound crockery do not shew to the disadvantage of the former as one would expect. It leads to the conclusion that clean crockery is more important than sound crockery although further detailed investigation is proceeding into this question.

Sometimes stocks of towels were inadequate, with the result that towels were kept in use too long before being laundered. There is little doubt, however, that the effect of towel drying is often the addition of bacteria to the tableware, as the figures in the schedule well shew, and the use of towels is therefore to be deprecated.

All the premises visited had a supply of hot water, although the quantity and availability in many instances was inadequate for efficient work.

It is suggested that the "hot rinse" method should be adopted wherever possible. This would necessitate the installation of two sinks, the first for cleansing the tableware by ordinary methods and the second for containing hot water at a temperature of at least 170° F. A wire basket or rack should be used to enable utensils to be rinsed in bulk. After rinsing, the container and contents should be left to dry without further handling. Another advantage of using a container is that much hotter water can be used as there is no need for the kitchen staff to place their hands in the rinsing water. In recommending this method, it will be noted that the additional equipment is simple and therefore cheap to install.

I am grateful to many canteen supervisors, managers and kitchen staff who have been most helpful, and to the District Sanitary Inspectors without whose co-operation the investigation would have been impossible. Although work of this nature is largely experimental, I feel that the results have shewn a definite need for this investigation to be continued.

(*Signed*) H. HAWORTH.

14th July, 1950.

Sanitary Inspectors' Department,
Municipal Buildings,
Halifax Road,
Dewsbury.

KITCHEN HYGIENE SCHEDULE.

Group A. **CANTEENS WITH MECHANICAL DISHWASHING.**

Kitchen No.	No. of Visit	Condition of Crockery	Bacterial Count per Article (Mean of four Utensils)		Normal Washing Plus Hot Rinse & Air Dry	No. of Utensils in use	Where stored After Washing
			Articles	Bacterial Count (See Text)			
1	First	Sound	Cups	34	Spreader*	200	Shelves
	Second	Cracked	Cups	40			
		Sound	Cups	200	(Machine out of order)		
	Third	Sound	Cups	25			
2	First	Sound	Cups	150	0	180	Shelves
	Sound	Sound	Cups	330			
3	First	Sound	Cups	105		250	Racks
			Plates	200		800	
4	First	Chipped	Cups	250	135	150	Shelves

*The reason for this bad result is not understood.

Group B. **OTHER CANTEENS.**

Kitchen No.	No. of Visit	Condition of Crockery	WASHED & TOWEL DRIED Bacterial Count per Article (Mean of four Utensils) Articles	Bacterial Count (See text)	Normal Washing plus Hot Rinse and Air Dry	No. of Utensils in use	Where stored After Washing
1	First	Sound	Cups	165	3	50	Shelves
2	First	Sound Cracked & Chipped	Cups Cups	Spreader Uncountable	44 5	24	Cuphooks
3	First	Chipped	Cups	Uncountable	240	350	Shelves
4	First Second	Sound Sound	Cups Cups	6 800	0	50	Shelves
5	First	Chipped	Cups	113	38	60	Shelves
6	First	Sound	Plates	Uncountable	60 (Separate sink for plate washing)	350	Racks
7	First	Sound	Cups	500	Spreader	200	Shelves
8	First	Cracked & Chipped	Cups	More than 100	Less than 100	80	Shelves under Counter
9	First	Cracked	Cups	Less than 100	Less than 100	40	Cupboard
10	First	Sound	Plates	1		45	Cupboard
11	First	Cracked & Chipped	Cups	400	8	60	Shelves
12	First	Chipped	Cups	109	10	50	Trays
13	First Second	Chipped Sound	Cups Cups	800 46	4	40	Shelves & Hooks

Group B.—*continued.*

Kitchen No.	No. of Visit	Condition of Crockery	WASHED & TOWEL DRIED Bacterial Count per Article (Mean of four Utensils)		Normal Washing plus Hot Rinse and Air Dry	No. of Utensils in use	Where stored After Washing
			Articles	Bacterial Count (See text)			
14	First Second	Cracked and Chipped Sound Cracked and Chipped	Cups Plates Cups	104 300 129	10	6 350	Cupboard
15	First	Sound	Cups	600	4	200	Cupboards
16	First	Sound Cracked	Cups Cups	40 700	2	350	Cupboards
17	First	Sound. One chipped	Cups	85	1	8	Cupboards
18	First	Sound	Plates	8	124	500	Cupboards
19	First Second	Sound Sound	Plates Plates	More than 500 1040	More than 500 952	350	Cupboard
20	First	Sound	Plates	11	101	150	Cupboard
21	First	Sound	Cups	6		36	Cupboard
22	First	Sound	Plates	600		84	Cupboard
23	First	Sound	Plates	360	11	500	Cupboard
24	First	Sound	Plates	Uncountable	10	480	Cupboard
25	First Second	Sound (plastic) Chipped (pot) Plastic Pot	Plates Plates Plates Plates	640 Uncountable 105 347	800 Uncountable 154 350	250	Cupboard
26	First	Good	Plates	1530	300	30	Shelves
27	First	Good	Plates	Uncountable	347	500	Shelves cov. top

CAFES AND EATING HOUSES.

Municipal Undertakings			WASHED & TOWEL DRIED Bacterial Count per Article (Mean of four Utensils)				
Kitchen No.	No. of Visit	Condition of Crockery	Articles	Bacterial Count (See text)	Normal Washing plus Hot Rinse and Air Dry	No. of Utensils in use	Where stored After Washing
1	First	Sound	Cups	70	19	70	Open shelves
			Cups	Spreader	9		
	Second	Sound	Cups	1000	1		
			Cups	1	150		
	Third	Sound	Cups	22	23		
			Cups	1	58		
	Fourth	Sound	Cups	400	45		
	Fifth	Sound	Plates	194	310	200	Cupboard
2	First	Sound	Cups	214	70	500	Cupboards
	Second		Cups	Less than 100			
	Third		Cups	1200			
	Fourth		Cups	456			
	Fifth		Cups	Uncountable	440		
3	First	Sound	Cups	12	7	60	Cupboards
4	First	Sound	Cups	82	11	50	Shelves
	Second	Sound	Cups	Less than 100			
5	First	Chipped	Cups	Uncountable	208	100	Shelves
	Second	Sound	Cups	Uncountable	67		
	Third	Sound	Cups	More than 100			
6	First	Cracked and Chipped	Cups	Uncountable	Uncountable	150	Shelves
	Second	Sound	Cups	More than 500			
		Cracked and Chipped	Cups	More than 500			
7	First	Sound	Cups	134	6	200	Racks
8	First	Sound	Cups	257	Uncountable	150	Shelves
	Second	Sound	Cups	32	6		
	Third	Sound	Cups	Spreader approx. 200			

Group C.—*continued.*

Others			WASHED & TOWEL DRIED Bacterial Count per Article (Mean of four Utensils)				
Kitchen No.	No. of Visit	Condition of Crockery	Articles	Bacterial Count (See text)	Normal Washing plus Hot Rinse and Air Dry	No. of Utensils in use	Where stored After Washing
9	First	Sound	Cups	640	64	60	Cupboard
	Second	Sound	Cups	260			
	Third	Sound	Cups	930			
10	First	Sound	Cups	42	2	40	Shelves
	Second		Cups	227			
	Third		Cups	Uncountable			
	Fourth		Cups	50			
	Fifth		Cups	360			
11	First	Sound	Cups	1700	1	50	Shelves
	Second		Cups	More than 500			
			Cups	4			
12	First	Mixed	Cups	179	Sterile	48	Racks
	Second		Cups	500			
13	First	Mixed	Cups	112	24	130	Shelves
	Second		Cups	Uncountable	Less than 100		
			Cups	774	7		
14	First	Sound	Cups	250	77	200	Shelves
	Second		Cups	More than 100			
15	First	Sound	Cups	53	2	120	Shelves
			Cups	23	6		
16	First	Sound	Cups	Uncountable	Uncountable	150	Shelves
	Second	Sound	Cups	Uncountable	34		
	Third	Sound	Cups	Uncountable			
	Fourth	Sound	Cups	352			
17	First	Sound	Cups	Uncountable	2	40	Shelves
	Second	Sound	Cups	250			
	Third	Sound	Cups	Spreader			

Group C.—*continued.*

Others			WASHED & TOWEL DRIED Bacterial Count per Article (Mean of four Utensils)		Normal Washing plus Hot Rinse and Air Dry	No. of Utensils in use	Where stored After Washing
Kitchen No.	No. of Visit	Condition of Crockery	Articles	Bocterial Count (See text)			
18	First Second	Sound Sound	Cups Cups	53 Spreader	75 Less than 100	100	Shelves
19	First	Mixed	Cups	196	1	100	Shelves
20	First Second Third Fourth Fifth Sixth	Mixed Mixed Mixed Mixed Mixed Mixed	Cups Cups Cups Knives Cups Cups Cups	Spreader More than 500 500 40 Less than 100 368 329	6 5 1080	40	Shelves
21	First	Mixed	Cups	34	25	200	Shelves and Cupboard
22	First	Sound	Cups	110		60	Shelves
23	First	Badley cracked and chipped	Cups	More than 500	34	40	Shelves
24	First Second Third	Chipped Chipped Chipped	Cups Cups Cups	30 180 32	2	75	Shelves
25	First Second Third	Sound Sound Sound	Cups Cups Cups	300 Spreader 71	18 167 6	50	Shelves
26	First Second	Sound Sound	Cups Cups	10 Spreader	9 Less than 100	150	Shelves
27	First	Chipped Chipped	Cups Cups	Uncountable 60	0	12	Shelves

APPENDIX II.

Home Nursing in Dewsbury, 1904-1950

It is, I think, worth recording how a service which begins as a voluntary effort to meet local needs, expands to meet increasing demands and ultimately is taken over by the state or local authority, either because of financial difficulties or because the service has proved itself so useful that it is felt it must be provided universally. This is the history of many of our welfare services, and it is shewn in our own home nursing service.

Mrs. M. G. Kendall and R. W. Wheeldon, Esq., Secretary and Treasurer respectively of the County Borough of Dewsbury Nursing Association and C. S. Wooldridge, Esq., M.C., Secretary of the Trustees of the Cardwell Charity, have kindly supplied me with the notes on which this brief account of organised home nursing in Dewsbury is based.

In 1904 the Dewsbury & District Nursing Association was established with the object of providing trained nurses to attend the sick poor in their own homes in the several parishes then within the municipal borough of Dewsbury and in the parishes of Earlsheaton, Hanging Heaton and Thornhill Lees.

On the 24th May, 1907, rules of the Association were adopted.

Miss Elizabeth Cardwell of 3, Park Drive, Harrogate and formerly of Thornhill died on the 11th October, 1906, and by her will bequeathed a sum of £5,000 to the Association with a direction that the money should be invested and the income applied for the purpose of providing good nursing for the sick poor in the parishes of Dewsbury and Hanging Heaton. The said sum of £5,000 was paid over by her Executors to the Trustees of the Association and was invested by them and such investments were held as the Cardwell Charity.

Four home nurses were employed in Dewsbury, using a house in Eightlands as their headquarters, and later in Park Road.

The Dewsbury & District Nursing Association continued to function and carry on its work until a large overdraft at the bank was incurred and it was decided that the activities of the Association must be curtailed but that the terms of the Cardwell Charity must be continued.

And so, in March 1923, when it became known that free nursing would be confined to the parishes of Dewsbury and Hanging Heaton, the Mayor of Dewsbury (Alderman R. W. Balden) called a meeting at the Town Hall to discuss the position, and a further meeting again in April. The Vicar of Dewsbury (Canon Wolde) who was a trustee of the Cardwell Charity, and chairman of the old association spoke at this meeting, and

support was offered by the Huddersfield Nursing Association and the Queen's Institute. It was resolved to establish a new nursing association to serve the whole of the County Borough of Dewsbury, which having been enlarged in 1910 was more extensive than the parishes served by the old Dewsbury & District Nursing Association ; an interim committee was formed. Another meeting was held on May 3rd, and it was then decided to engage four nurses. It was considered that £1,000 would have to be raised every year to maintain the new association. It was also decided at this meeting not to affiliate to the Queen's Institute. On May 29th at a general meeting a constitution was drawn up, and a committee appointed under the presidency of the Mayor, with Mrs. Warburton as secretary. Among the members of that committee who are still serving the present association were Miss M. G. Ingram (now Mrs. Kendall) and Miss H. Lee.

Dr. O. M. Holden, Medical Officer of Health, was chairman of the executive committee from the outset. He had taken a very active part in the establishment of the association.

Among the rules adopted which were very sensible, was one that the nurses must wear no ornaments.

The Association derived funds from subscriptions, donations and collections ; a very large number of households each paid one penny per week which entitled them to free nursing ; nursing in other households was charged for at two shillings and six pence a week, unless the family was too poor to pay it.

The nurses worked at first in districts from their own homes —one in Thornhill, one in Ravensthorpe, one in Dewsbury (old borough) and one in Hanging Heaton.

After a time in order to prevent difficulties an arrangement was made by the old Dewsbury & District Nursing Association for the County Borough of Dewsbury Nursing Association to provide free nursing for the sick poor in the old parishes of Dewsbury and Hanging Heaton to comply with the Cardwell bequest and a sum of money was paid each year to the County Borough of Dewsbury Nursing Association to cover the cost of the Nurse.

The County Borough Nursing Association was now extending home nursing facilities to Thornhill and Ravensthorpe. In August 1925 it was decided to increase the number of nurses to six, and one nurse was centred in Earlsheaton. In July 1929 an additional nurse was appointed.

The Association was affiliated to the Queen's Institute in 1938, and in August of that year a large house, Woodlands, Leeds Road, Dewsbury, was purchased, which has since served as a hostel for the nurses, being first occupied in March 1939, and officially opened three months later.

From a few months after opening in 1938 to 1947 the hostel was used as a training centre, but recognition was then withdrawn because of the lack of staff and of failure to obtain a district room, *i.e.*, a suitable room for the storage and treatment of loaned nursing requisites.

For some years past the number of nurses at the hostel has declined and increasing use has been made of non-resident staff and part-time nurses. In 1948 a state registered male nurse who has since qualified as a Queen's nurse, was engaged, and later in the same year a second male state registered nurse was appointed ; they have been very useful additions to the staff. The Association bought a car for the transport of the nurses in 1942 and bought a second car in 1946.

In 1948 the corporation agreed in their scheme under Section 25 of the National Health Service Act, 1946, to provide a free home nursing service, through the agency of the County Borough of Dewsbury Nursing Association, and to subsidise the Association by a 100% deficiency grant, subject to the corporation's having five nominees on the Association's Committee, and to the annual estimates being submitted to the corporation for approval.

From July 1948 the nursing service in Hanging Heaton became the legal responsibility of the West Riding County Council, and in 1949 the County Council assumed this obligation.

In 1950 the Town Council (as Local Health Authority) proposed to the Association that the Council should purchase the assets of the Association, and administer the home nursing service directly, with which course the Association has agreed. The Council decided to do this in view of the fact that almost the whole of the expenditure on the service was now being met by the Council through its deficiency grant.

It is interesting to recall that in 1924, the first full year of the County Borough Nursing Association, the number of patients attended was 92 and the number of nursing visits made was 1,163 : the nurses were each paid £150 (non-resident) per annum and £8 uniform allowance ; and the total gross cost of the service in 1925* was £1,029. In 1934 the seven nurses paid 20,812 visits to 637 individual patients ; voluntary subscriptions, donations and collections amounted to just over £950, the total cost being £1,330, nurses' salaries comprising most of this amount at £1,190. In 1947, the last full year before the operation of the National Health Service Act, the number of patients attended was 962, and the number of nursing visits made was 21,849 ; the voluntary subscriptions, donations and collections totalled £1,833, and the gross cost was £2,533 ; and in 1949 the corresponding figures were—patients attended 874, nursing visits

made 18,644, and gross cost a few shillings short of £3,000; subscriptions (apart from the Cardwell Trust allocation) were just over £8. The present minimum annual salary of a resident home nurse (Queen's) is £140 plus emoluments valued at £110.

It is not possible to pay a tribute individually to all who have contributed to the work of the Association, Committee officers and members, matrons and staff, collectors and subscribers, the doctors and so on. All have helped generously in money, time and service. Present officers of the Association include the Mayor (Councillor Brown) (President), Canon Rees (chairman), Mrs. M. G. Kendall (secretary), and Mr. R. W. Wheeldon (treasurer).

The Association has had three secretaries—Mrs. Warburton, Mrs. Shaw appointed September 1925, and Mrs. Kendall (then Miss M. G. Ingram) appointed August 1926. The Mayor for the time being has been President, and the medical officer of health of the borough has throughout been the chairman of the executive committee until 1948, when Canon Rees, Vicar of Dewsbury, was appointed to this position, as the medical officer of health did not wish to be chairman of a committee acting as agent for the Corporation and on which the Corporation would have as direct nominees councillors from the Health Committee.

*The total cost for 1924 is not available.